



## Indicators of Children's Well-Being

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### Behavior and Social Environment Indicators

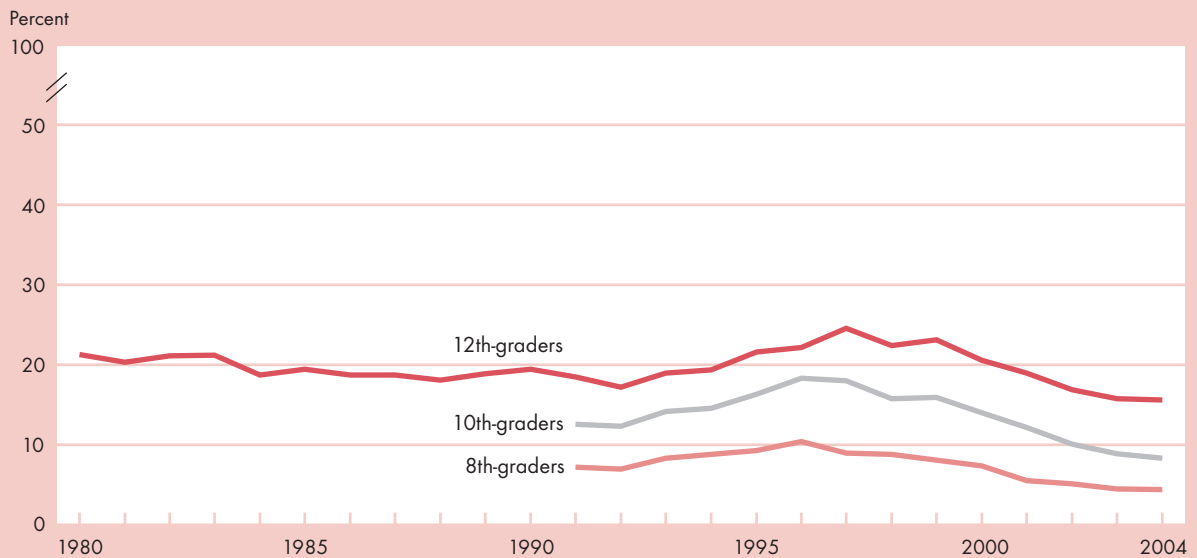
The indicators in this section present data on selected measures of young people's personal behavior and aspects of their social environment that may affect them. The indicators focus on illegal or high-risk behaviors, including smoking cigarettes, drinking alcohol, using illicit drugs, and involvement in serious violent crimes, either as offender or victim. In addition to these indicators, readers should consider positive behaviors of children, aspects of neighborhood environment, and other aspects of risk and problem behaviors in evaluating this dimension. Sources for some of these indicators are being sought.

## Regular Cigarette Smoking

**S**moking has serious long-term consequences, including the risk of smoking-related diseases and the risk of premature death, as well as causing increased health care costs associated with treating the illnesses.<sup>89</sup> Many adults who are currently 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.<sup>90</sup> These consequences underscore the importance of studying patterns of smoking among adolescents.

### Indicator BEH1

### Percentage of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the previous 30 days by grade, 1980–2004



SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

- Following several years of gradual decreases, the rate of daily smoking in the previous month remained stable between 2003 and 2004; in 2004, 4 percent of 8th-graders, 8 percent of 10th-graders, and 16 percent of 12th-graders reported smoking cigarettes daily in the previous 30 days.
- Males and females were similar in their rates of daily smoking. In 2004, among both groups, 4 percent of 8th-graders, 8 percent of 10th-graders, and 15 percent of 12th-graders reported daily smoking in the previous 30 days.

- Rates of smoking differ substantially between racial and ethnic groups. White students have the highest rate of smoking, followed by Hispanic students and then Black students. Among high school seniors in 2004, 18 percent of White students reported daily smoking, compared with 8 percent of Hispanic students and 5 percent of Black students.

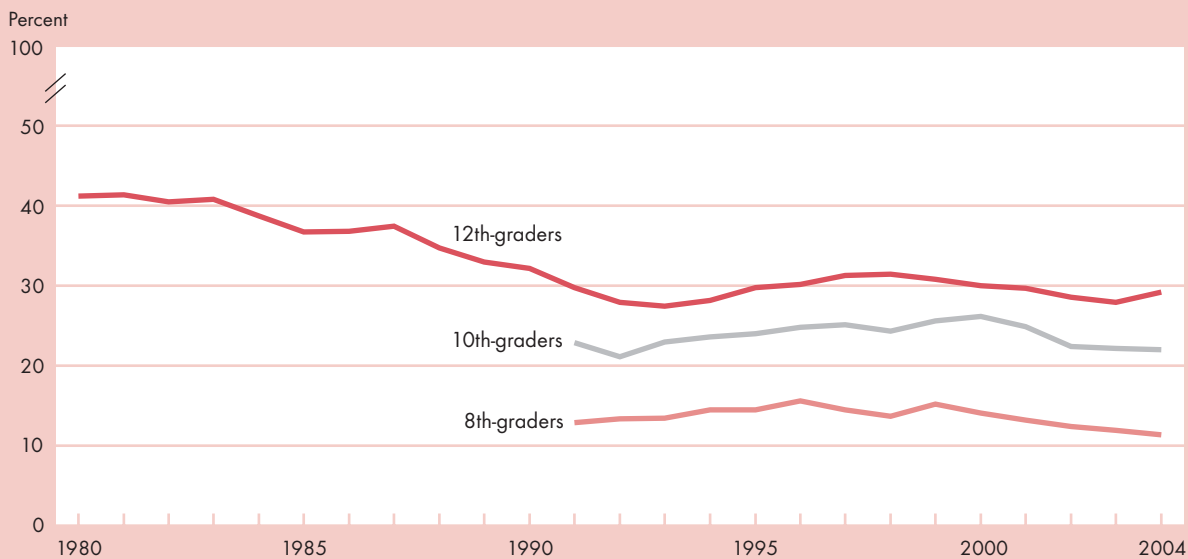
*Bullets contain references to data that can be found in Table BEH1 on page 146. Endnotes begin on page 73.*

## Alcohol Use

**A**lcohol is the most commonly used psychoactive substance during adolescence. Its use is associated with motor vehicle accidents, injuries, and deaths; with problems in school and in the workplace; and with fighting, crime, and other serious consequences.<sup>134</sup> Early onset of heavy drinking, defined here as five or more alcoholic beverages in a row or during a single occasion in the previous 2 weeks, may be especially problematic, potentially increasing the likelihood of negative outcomes.

### Indicator BEH2

### Percentage of 8th-, 10th-, and 12th-grade students who reported having five or more alcoholic beverages in a row in the past 2 weeks by grade, 1980–2004



SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

- Alcohol use was stable in 2004 at 11 percent among 8th-graders, 22 percent among 10th-graders, and 29 percent among 12th-graders.
- Long-term trends for high school seniors indicate a peak in 1981, when 41 percent reported heavy drinking. Over the next 12 years, the percentage of high school seniors reporting heavy drinking declined gradually to a low of 28 percent in 1993. Since 1993, the prevalence of this behavior has held fairly steady.
- Among 12th-graders, males were more likely to drink heavily than were females. In 2004, 34 percent of 12th-grade males reported heavy drinking, compared with 24 percent of 12th-grade females.
- Among 10th-graders, a gender difference in heavy drinking was found in earlier years (e.g., 29 percent for males versus 21 percent for females in 2001), but a sharp decline in drinking among males brought the rates closer in 2004 (24 percent for males versus 20 percent for females). However, the differences in drinking behaviors of males and females continues to be more pronounced among older adolescents.

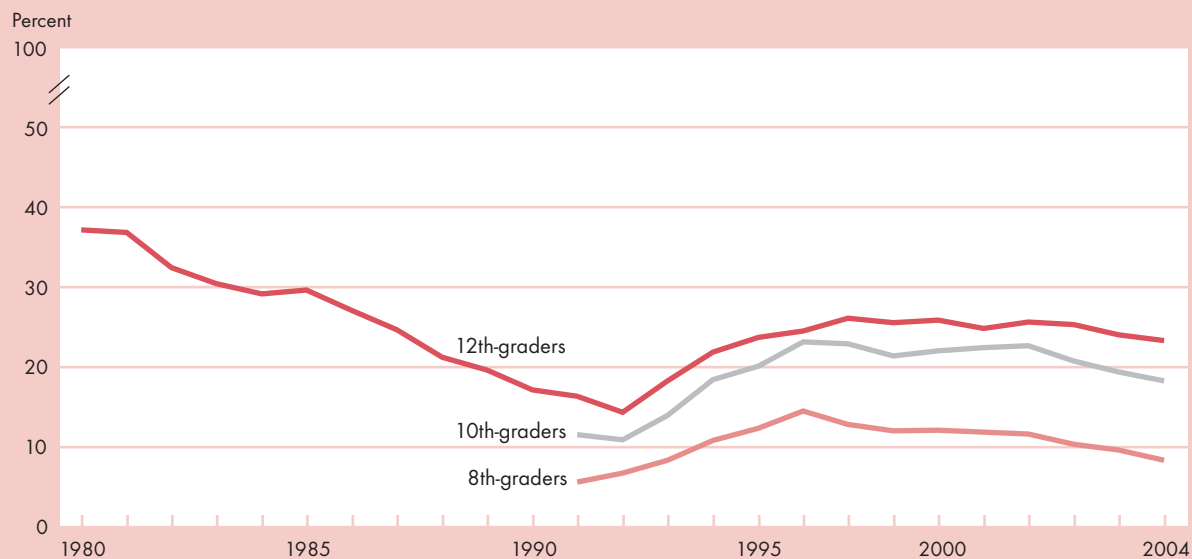
*Bullets contain references to data that can be found in Table BEH2 on page 147.*

## Illicit Drug Use

**D**rug 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.<sup>91</sup> Marijuana use poses both health and cognitive risks, particularly for damage to pulmonary functions as a result of chronic use.<sup>92,93</sup> Hallucinogens can affect brain chemistry and result in problems with learning new information and memory.<sup>94</sup> As is the case with alcohol use and smoking, illicit drug use is a risk-taking behavior that has potentially serious negative consequences.

### Indicator BEH3

### Percentage of 8th-, 10th-, and 12th-grade students who have used illicit drugs in the previous 30 days by grade, 1980–2004



NOTE: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including LSD, PCP, and ecstasy [MDMA]), amphetamines (including methamphetamine), and nonmedical use of psychotherapeutics.

SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

- Between 2003 and 2004, illicit drug use in the past 30 days significantly declined from 10 percent to 8 percent among 8th-graders. Twenty-three percent of 12th-graders and 18 percent of 10th-graders reported past 30-day illicit drug use in 2004, statistically unchanged from the previous year.
- Twelve-year trends for 8th- and 10th-graders show that past-30-day illicit drug use increased from the early to mid-1990s, peaking in 1996 at 15 percent and 23 percent in the respective grades. Illicit drug use by 8th- and 10th graders then declined gradually from 1996 to 2003, and decreased further among 8th-graders in 2004.
- Longer term trends for high school seniors show that past-30-day illicit drug use declined from 37 percent in 1980 to 14 percent in 1992. The rate then rose sharply, reaching 26 percent in 1997, and has remained around that level, with a slight decrease to 24 percent in 2003 and 23 percent in 2004.
- Among 12th-graders, more males than females report illicit drug use (26 percent compared with 20 percent, respectively, in 2004). For younger students, gender differences are less dramatic but are in the same direction among 10th-graders. Between 2003 and 2004, past-30-day illicit drug use by males declined from 10 to 8 percent among 8th-graders and from 21 to 20 percent among 10th-graders; illicit drug use by females in these grades remained stable over this period.
- White and Hispanic students generally have higher illicit drug use rates than do Black students. Among 12th-graders in 2004, for example, 26 percent of Whites and 20 percent of Hispanics reported past-30-day illicit drug use, compared with 17 percent of Blacks.

*Bullets contain references to data that can be found in Table BEH3 on page 148. Endnotes begin on page 73.*

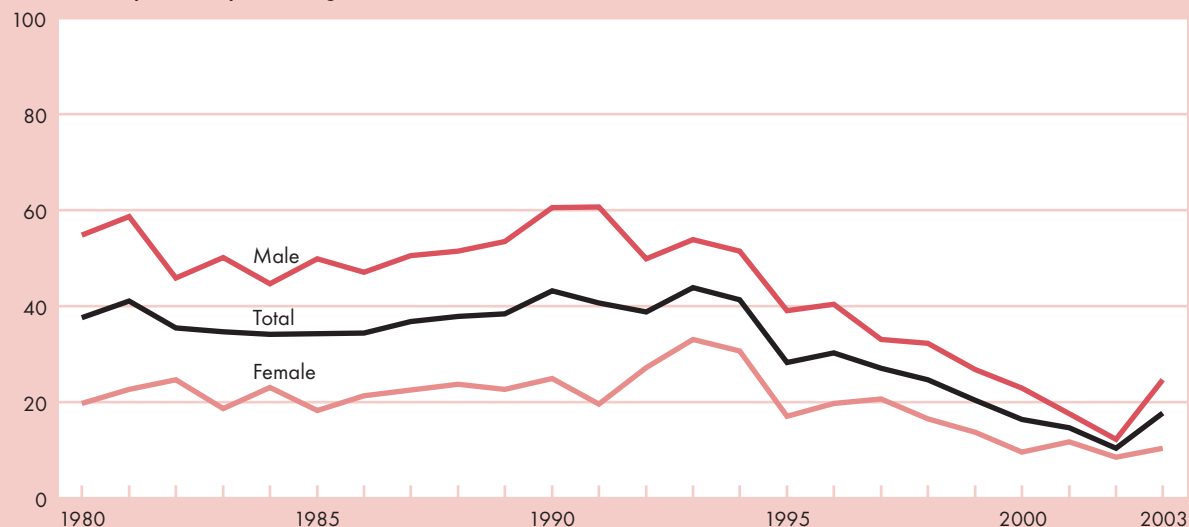
## Youth Victims and Perpetrators of Serious Violent Crimes

**V**iolence affects the quality of life of young people who experience, witness, or feel threatened by it. In addition to the direct physical harm suffered by young victims of serious violence, such violence can adversely affect victims' mental health and development and increase the likelihood that they themselves will commit acts of serious violence.<sup>95,96</sup> Youth ages 12–17 were more than twice as likely as adults to be victims of serious violent crimes.<sup>97</sup>

### Indicator BEH4.A

### Rate of serious violent crime victimization of youth ages 12–17 by gender, 1980–2003

Youth victims per 1,000 juveniles ages 12–17



NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Because of changes, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

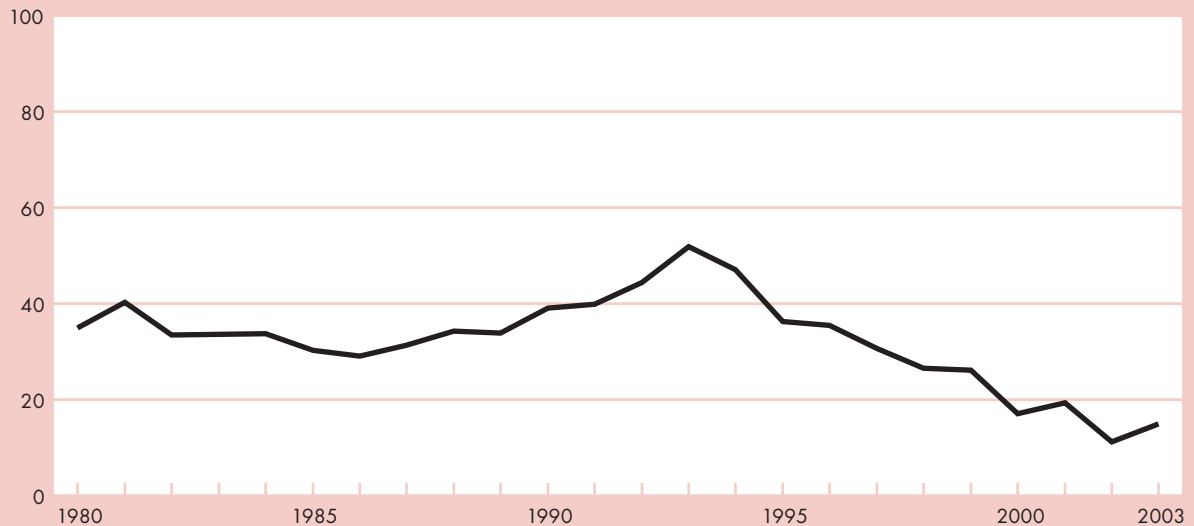
- In 2003, the rate at which youth were victims of serious violent crimes was 18 crimes per 1,000 juveniles ages 12–17, totaling about 446,000 such crimes.
- Serious violent crime involving juvenile victims went up between 2002 and 2003, from 10 per 1,000 youth in 2002 to 18 per 1,000 in 2003. However, rates still generally declined from their peak in 1993 of 44 victims per 1,000 young people. From 1993 to 2003, the rate of serious violent crime against youth decreased by 60 percent.
- Males are more than twice as likely as females to be victims of serious violent crimes. In 2003, the serious violent crime victimization rate was 25 per 1,000 male youth, compared with 10 per 1,000 female youth.
- In 2003, Black youth were somewhat more likely than White youth to be victims of a serious violent crime and three times as likely as youth of other races to be victims of serious violence. White and Black youth had higher rates in 2003 than in 2002, while the serious violent victimization rates were similar for youth of other races.
- Older teens (ages 15–17) were more likely to be victims of a serious violent crime than younger teens (ages 12–14) in 2003. Both age groups had higher rates in 2003 compared to 2002.

**T**he level of youth violence in society can be viewed as an indicator of youths' ability to control their behavior, as well as the adequacy of socializing agents such as families, peers, schools, and religious institutions to supervise or channel youth behavior to acceptable norms. One measure of the serious violent crime committed by juveniles is the extent to which at least one juvenile offender is reported by the victim to be involved in a crime.

**Indicator BEH4.B**

**Serious violent crime offending rate by youth ages 12–17, 1980–2003**

Youth offending per 1,000 juveniles ages 12–17



NOTE: The offending rate is the ratio of the number of crimes (aggravated assault, rape, and robbery, i.e., stealing by force or threat of violence) reported to the National Crime Victimization Survey that involved at least one offender perceived by the victim to be 12 through 17 years of age, plus the number of homicides reported to the police that involved at least one juvenile offender, to the number of juveniles in the population. 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.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- According to reports by victims, in 2003 the serious violent crime offending rate was 15 crimes per 1,000 juveniles ages 12–17, totaling 375,000 such crimes involving juveniles. While this is higher than the rate in 2002, it is a 71 percent drop from the 1993 peak.
- Reports by victims indicate that between 1980 and 1989, the serious violent juvenile crime offending rate fluctuated between 29 and 40 per 1,000 juveniles, and then began to increase to a high of 52 per 1,000 juveniles in 1993. Since then, the rate has, in general, trended downward with a rate of 15 per 1,000 juveniles in 2003.
- Since 1980 serious violent crime involving juveniles has ranged from 19 percent of all serious violent victimizations in 1982 to 26 percent in 1993, the peak year for youth violence. In 2003, 21 percent of all such victimizations reportedly involved a juvenile offender.

- In more than half (57 percent) of all serious violent juvenile crimes reported by victims in 2003, more than one offender was involved in the incident. Because insufficient detail exists to determine the ages of each individual offender when a crime is committed by more than one offender, the number of additional juvenile offenders cannot be determined. Therefore, this rate of serious violent crime offending does not represent the number of juvenile offenders in the population, but rather the rate of crimes involving a juvenile.

*Bullets contain references to data that can be found in Tables BEH4.A and BEH4.B on pages 149–150. Endnotes begin on page 73.*

## Indicators Needed

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### Behavior and Social Environment

A broader set of indicators than those presented in this section is needed to adequately monitor the social environment and behaviors of youth. Other behavior and social environment measures are needed on:

- *Indicators of positive behaviors.* The participation of youth in positive activities and the formation of close attachments to family, school, and community have been linked to positive outcomes in research studies. However, additional research needs to be conducted to strengthen our understanding of positive activities and the aspects of those activities that protect youth from risk. To that end, the Forum co-sponsored the Indicators of Positive Development conference to conceptualize, define, and measure positive youth development. The child care background measure shows participation rates in extracurricular activities such as organized sports, clubs, arts, religious activities, and other school or community activities. In addition, the youth participation in volunteer activities measure was presented as a special feature in the *America's Children, 2000* report.
- *Youth violence.* The indicator of serious violent crime offending by youth does not provide critical information on the experiences of youth in the criminal justice system, including the characteristics of youthful offenders and the number and characteristics of youth arrestees and detainees, those prosecuted in juvenile and adult courts, and those incarcerated in the Nation's juvenile facilities, jails, and prisons. Additional work is needed to produce a more comprehensive and useful picture of the number, experiences, and characteristics of youth within the criminal justice system.





# Indicators of Children's Well-Being

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## Education Indicators

The education of children shapes their own personal development and life chances, as well as the economic and social progress of our Nation. This section presents key indicators of how well children are learning and progressing from early childhood through postsecondary school. Two indicators related to early childhood development are presented: family reading to young children and participation in early childhood care and education. Both measures are placeholders for a direct recurring assessment of what preschoolers know and can do, which is not yet available. Scores on national assessments of mathematics and reading for elementary, middle, and high school students are presented, followed by an indicator on advanced coursetaking. Completion rates for high school and college indicate the extent to which students have attained a basic education and are prepared for higher levels of education or the workforce. By contrast, the indicator on youth neither enrolled in school nor working tracks the extent to which youth are at risk of limiting their future prospects at a critical stage of their lives.

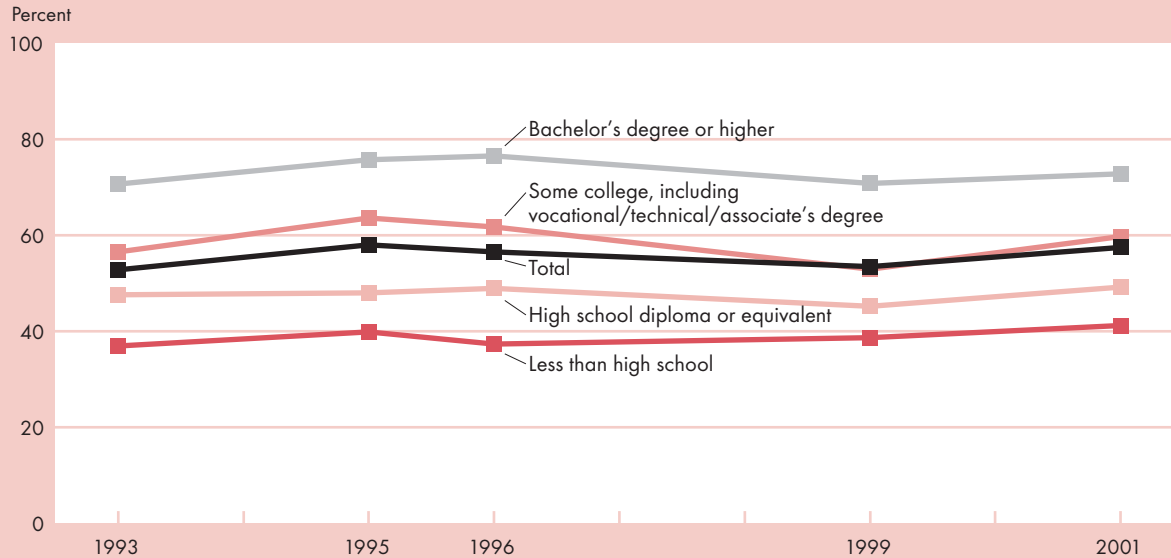


## Family Reading to Young Children

**R**eading to young children promotes language acquisition and correlates with literacy development and, later on, with achievement in reading comprehension and overall success in school.<sup>98</sup> The percentage of young children read to daily by a family member is one indicator of how well young children are being prepared for school. Mother's education is related to whether children are read to by a family member.

### Indicator ED1

### Percentage of children ages 3–5 who were read to every day in the last week by a family member by mother's education, selected years 1993–2001



NOTE: Data are available for 1993, 1995, 1996, 1999, and 2001. Estimates are based on children ages 3–5 who have yet to enter kindergarten.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program (NHES).

- In 2001, 58 percent of children ages 3–5 who were not yet in kindergarten were read to daily by a family member. This rate is higher than the rate in 1993 (53 percent). Between 1993 and 2001, the percentage has fluctuated between 53 and 58 percent.
- In 2001, 73 percent of children whose mothers had at least a bachelor's degree were read to every day. In comparison, daily reading occurred for 60 percent of children whose mothers had some postsecondary education, 49 percent of children whose mothers had completed high school but had no further education, and 41 percent of children whose mothers had less than a high school diploma.
- White, non-Hispanic children were more likely to be read to every day than either Black, non-Hispanic or Hispanic children. Sixty-four percent of White, non-Hispanic children, 47 percent of Black, non-Hispanic children, and 42 percent of Hispanic children were read to every day by a family member.
- Children in families with incomes 200 percent or greater than the poverty level were more likely to be read to daily by a family member (64 percent) than children in families with incomes below the poverty level (48 percent) or those in families with incomes at or above the poverty level but less than 200 percent of the poverty level (52 percent) in 2001.
- Children living with two parents were more likely to be read to every day than were children living with one parent. Sixty-one percent of children in two-parent households were read to every day in 2001, compared with 47 percent of children living with one parent.
- Children in the Northeast (62 percent) and West (59 percent) were more likely than their peers in the South (53 percent) to have been read to daily by a family member in 2001.

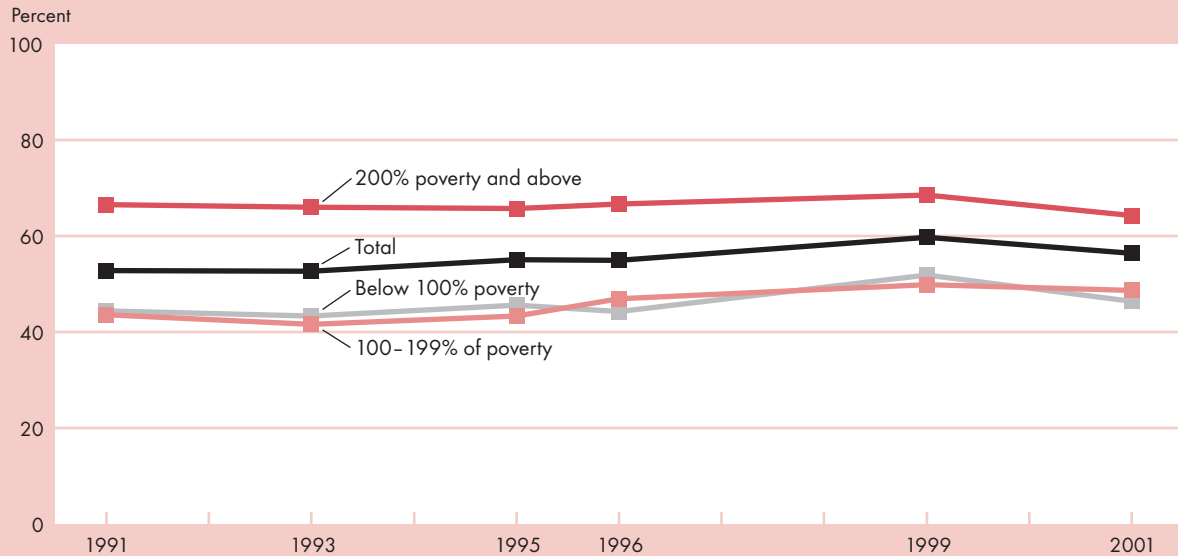
*Bullets contain references to data that can be found in Table ED1 on page 151. Endnotes begin on page 73.*

## Early Childhood Care and Education

**L**ike family reading, participation in an early childhood education program can provide preschoolers with skills and enrichment that can increase their chances of success in school. Studies have demonstrated that participation in high-quality early childhood education programs has short-term positive effects on IQ and achievement and long-term positive effects on low-income minority children's school completion.<sup>99</sup> Until an ongoing direct measure of preschoolers' cognitive, behavioral, and social skills is available for this monitoring report, this indirect indicator monitors the percentage of children who are exposed to a variety of early childhood education programs.

### Indicator ED2

### Percentage of children ages 3–5 who are enrolled in center-based early childhood care and education programs by poverty status, selected years 1991–2001



NOTE: Data are available for 1991, 1993, 1995, 1996, 1999, and 2001. Estimates are based on children who have yet to enter kindergarten.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program (NHES).

- In 2001, 56 percent of children ages 3–5 who had not yet entered kindergarten attended center-based early childhood care and education programs. These programs include day care centers, nursery schools, preschool programs, Head Start programs, and prekindergarten programs.
- Between 1991 and 2001, the percentage of children of this age attending early childhood programs fluctuated between 53 and 60 percent.
- Children living in poverty were less likely to attend these programs than were those living in families at or above 200 percent of poverty in 2001 (46 versus 64 percent).
- Children with more highly educated mothers are more likely to attend an early childhood program than their peers whose mothers have less education. Seventy percent of children whose mothers had at least a bachelor's degree attended such programs in 2001, compared with 38 percent whose mothers had less than a high school education.
- White, non-Hispanic and Black, non-Hispanic children are more likely than Hispanic children to attend an early childhood program. In 2001, 59 percent of White, non-Hispanic and 63 percent of Black, non-Hispanic children ages 3–5 attended such programs, compared with 40 percent of Hispanic children.
- Children with employed mothers are more likely to participate in early childhood care and education programs than children of mothers looking for work or not in the labor force.

*Bullets contain references to data that can be found in Table ED2 on page 152. Endnotes begin on page 73.*

## Mathematics and Reading Achievement

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 as adults. On average, students with higher test scores will earn more and will be unemployed less often than students with lower test scores.<sup>100</sup> Mathematics and reading achievement test scores are important measures of students' skills in these subject areas, as well as good indicators of overall achievement in school. To assess progress in mathematics and reading, the National Assessment of Educational Progress measures national trends in the academic performance of students in grades 4, 8, and 12.

### Indicator ED3.A

### Average mathematics scale scores for students in grades 4, 8, and 12, selected years 1990–2003



NOTE: Data are available for 1990, 1992, 1996, 2000, and 2003. In early years of the assessment, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English proficient students were not permitted. In 1996 and 2000, assessments were conducted that both permitted and did not permit accommodations. In 2003, no assessment was conducted at grade 12.

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

- At grades 4 and 8, average mathematics scores were higher in 2003 than in all previous assessments. At grade 12, the average score in 2000 was lower than in 1996 but remained higher than the score in 1990.
- In 2003, 32 percent of 4th-graders and 29 percent of 8th-graders were at or above the *Proficient* level, indicating solid academic achievement. The percentages of 4th- and 8th-graders at or above *Basic* (indicating partial mastery of prerequisite knowledge and skills) and *Proficient* and at *Advanced* (indicating superior performance) in mathematics in 2003 were higher than in all previous assessments.<sup>101</sup>
- At grades 4 and 8 in 2003 and at grade 12 in 2000, White, non-Hispanic students achieved higher mathematics scores than their Black, non-Hispanic and Hispanic peers and Hispanic students had higher average scores than Black, non-Hispanic students. At grade 4, the gap between the White, non-Hispanic and Black, non-Hispanic students decreased from 1990 to 2003. The gap between White, non-Hispanic and Black, non-Hispanic students at grades 8 and 12 and the gap between White, non-Hispanic and Hispanic students at all three grades did not change between 1990 and the most recent year of data (2003 for grades 4 and 8 and 2000 for grade 12).

**Indicator ED3.B**

**Average reading scale scores for students in grades 4, 8, and 12, selected years 1992–2003**



NOTE: Data are available for 1992, 1994, 1998, 2000, 2002, and 2003. In early years of the assessment, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English proficient students were not permitted. In 1998 and 2000, assessments were conducted that both permitted and did not permit accommodations. Since 2003, all assessments have permitted accommodations. In 2003, no assessment was conducted at grade 12.

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

- At grade 4, there was no significant difference in average reading score from 1992 to 2003. At grade 8, there was a 1-point decline between 2002 and 2003, but the 2003 score was higher than in 1992. The average score at grade 12 was lower in 2002 than in 1992 or 1998.
- In 2003, 32 percent of 4th-graders were at or above the *Proficient* achievement level, indicating solid academic achievement, a higher percentage than in 1992. At grade 8, 32 percent of students were at or above *Proficient*, a higher percentage than in 1992. At grade 12, 36 percent were at or above *Proficient* in 2002, a lower percentage than in 1992.<sup>101</sup>
- In reading, White, non-Hispanic students had higher reading scores in 2003 than their Black, non-Hispanic and Hispanic peers at grades 4 and 8 in 2003 and at grade 12 in 2002. There were no changes in the gaps between White, non-Hispanic students and their Black, non-Hispanic or Hispanic peers from 1992 to 2003 at grades 4 and 8 and from 1992 to 2002 at grade 12.
- Females had higher reading scores than males at grades 4 and 8 in 2003 and at grade 12 in 2002; in mathematics, males outperformed females at grades 4 and 8 in 2003 and at grade 12 in 2000.
- In both mathematics and reading, parents' education level was associated with higher achievement scores.<sup>102</sup>

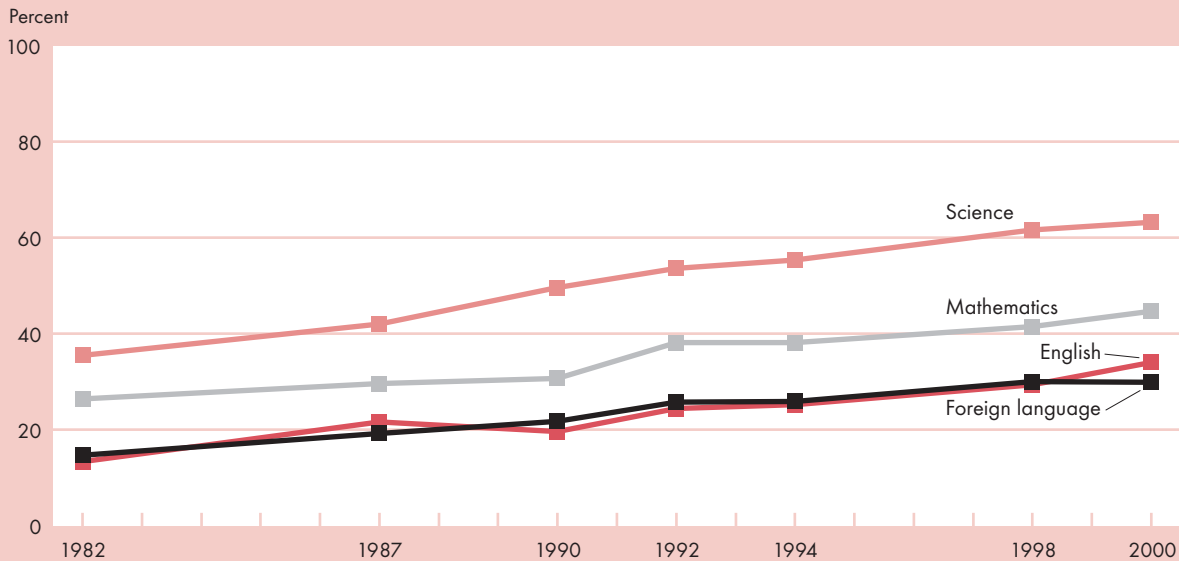
*Bullets contain references to data that can be found in Tables ED3.A–ED3.C on pages 153–155. Endnotes begin on page 73.*

## High School Academic Coursetaking

Since *A Nation at Risk* was published in 1983, school reforms have emphasized increasing the number of academic courses students take in high school. Research has shown a strong relationship between the level of difficulty of courses students take and their performance on assessments. For both college-bound and non-college-bound students, assessment scores increased more for students taking advanced courses than for students who did not take advanced courses.<sup>103</sup> Studies have also shown that students who take advanced coursework, such as calculus, in high school are more likely to enroll in college and succeed beyond college.<sup>104</sup>

### Indicator ED4

### Percentage of high school graduates who completed high-level coursework in mathematics, science, English, and foreign language, selected years 1982–2000



NOTE: Data are available for 1982, 1987, 1990, 1992, 1994, 1998, and 2000. High-level coursework includes the following: mathematics: courses above Algebra II; science: chemistry, physics, or advanced biology; English: more courses at the honors level than at the low academic or regular level; and foreign language: a third-year, fourth-year, or advanced placement course. For a detailed listing of courses, see Tables ED4.A, ED4.B, ED4.C, and ED4.D.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond Survey, National Education Longitudinal Study of 1988, and National Assessment of Educational Progress Transcript Study.

- Forty-five percent of high school graduates in 2000 had taken at least one advanced mathematics course (defined as a course above Algebra II), an increase from 26 percent of high school graduates in 1982. In addition, the percentage of graduates in 2000 taking a nonacademic or low-level academic course as their most advanced course was 7 percent, compared with 24 percent for graduates in 1982.
- In science, more than half (63 percent) of all high school graduates in 2000 had taken physics, chemistry, or advanced biology, more than the percentage of graduates in 1982 who had taken these courses (35 percent). In addition, the percentage of students who had taken a physical science course lower than biology, chemistry, and physics as their most advanced course dropped from 27 percent in 1982 to 9 percent in 2000.
- Thirty-four percent of all high school graduates in 2000 took honors-level English courses, an increase from 13 percent of graduates in 1982. There was no measurable difference between the percentage of graduates in 1982 and 2000 taking low academic level courses (10 and 11 percent, respectively).
- More high school students are taking foreign language courses. Thirty percent of high school graduates in 2000 had taken a third- or fourth-year or advanced placement course, compared with 15 percent of graduates in 1982. Seventeen percent of high school graduates in 2000 did not take any foreign language course, compared with 46 percent of graduates in 1982.

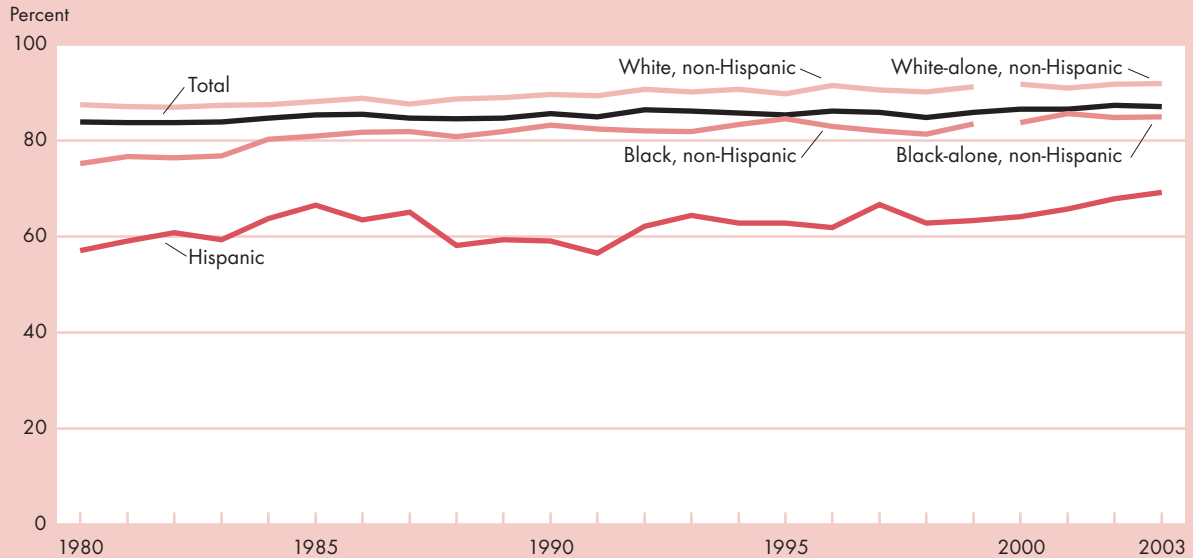
*Bullets contain references to data that can be found in Tables ED4.A–ED4.D on pages 156–158. Endnotes begin on page 73.*

## High School Completion

**A** high school diploma or its equivalent represents acquisition of the basic reading, writing, and mathematics skills a person needs to function in modern society. The percentage of young adults ages 18–24 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 many entry-level jobs and for higher education.

### Indicator ED5

### Percentage of adults ages 18–24 who have completed high school by race and Hispanic origin, 1980–2003



NOTE: Percentages are based only on those not currently enrolled in high school or below. Prior to 1992, this indicator was measured as completing 4 or more years of high school rather than the actual attainment of a high school diploma or equivalent. From 1980 to 1999, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. From 2000 to 2003, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data from 2000 onward are not directly comparable with data from earlier years. In addition, note that data on race and Hispanic origin are collected separately, but are combined for reporting.

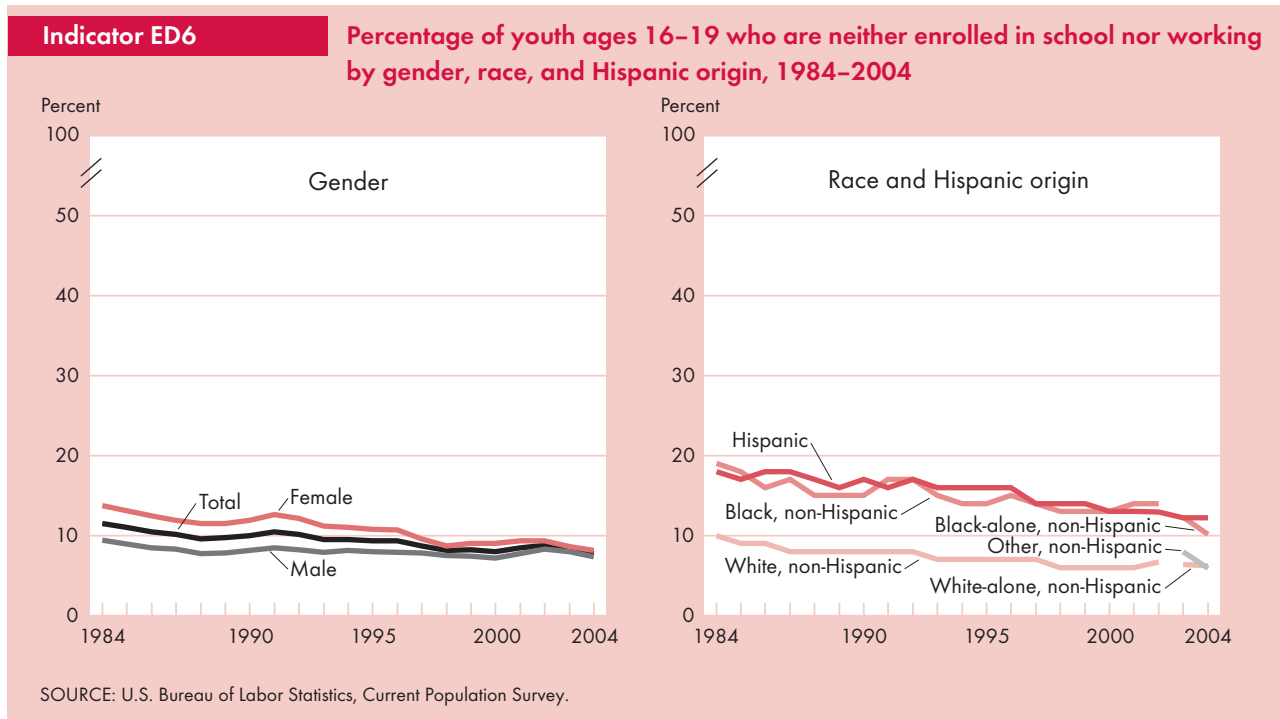
SOURCE: U.S. Census Bureau, Current Population Survey, October Supplement. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

- In 2003, 87 percent of young adults ages 18–24 had completed high school with a diploma or an alternative credential such as a General Education Development (GED) certificate. The high school completion rate has increased slightly since 1980, when it was 84 percent.
- The rate at which Black, non-Hispanic youth completed high school increased between 1980 and 1990, from 75 percent to 83 percent. It has fluctuated since then, and was at 85 percent in 2003. Among White, non-Hispanics, the high school completion rate increased from 88 percent in 1980 to 92 percent in 2003.
- Hispanic youth have had a consistently lower high school completion rate than White, non-Hispanic and Black, non-Hispanic youth. The high school completion rate for Hispanic youth has increased from 57 percent in 1980 to 69 percent in 2003.
- Most young adults complete high school by earning a regular high school diploma. Others complete high school by earning an alternative credential, such as a GED. Between 1990 and 1999, the diploma rate declined by 4 percentage points, decreasing from 81 percent to 77 percent. In comparison, the alternative credential rate increased by 4 percentage points, from 5 to 9 percent.<sup>105</sup>

*Bullets contain references to data that can be found in Table ED5 on page 159. Endnotes begin on page 73.*

## Youth Neither Enrolled in School Nor Working

The transition from adolescence to adulthood is a critical period in each individual's life. Youth ages 16–19 who are neither in school nor working are detached from both of the core activities that usually occupy teenagers during this period. Detachment from school or the workforce, particularly if it lasts for several years, puts youth at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school and/or secured jobs.<sup>106</sup> The percentage of youth who are not enrolled in school and not working is one measure of the proportion of young people who are at risk of limiting their future prospects.



- In an average week during the 2004 school year, about 8 percent of youth ages 16–19 were neither enrolled in school nor working.
- The proportion of youth neither enrolled nor working has been on a downward trend, and most of the decline in this proportion has occurred among young females. In 1991, 13 percent of young females were neither in school nor working; by 2004, this proportion had decreased to 8 percent. Nevertheless, young females continue to be slightly more detached from these activities than young males.
- Black-alone, non-Hispanic youth and Hispanic youth are considerably more likely to be detached from these activities than White-alone, non-Hispanic youth or Other, non-Hispanic youth. In 2004, 12 percent of Hispanic youth and 10 percent of Black-alone, non-Hispanic youth were neither in school nor working, compared with 6 percent of White-alone, non-Hispanic youth and 6 percent of Other, non-Hispanic youth.<sup>1</sup>

- The proportion of Black-alone, non-Hispanic youth who were neither in school nor working was 10 percent in 2004, down from 12 percent in 2003. More Black-alone, non-Hispanic youth moved from the category “not enrolled in school and not working” into the category of “enrolled in school and not working” in 2004 (not shown in table ED6.A).<sup>1</sup>
- Older youth, ages 18–19, are more than three times as likely to be detached from these activities as youth ages 16–17. In 2004, 13 percent of youth ages 18–19 were neither enrolled in school nor working compared with 3 percent of youth ages 16–17.
- The percentage of youth who are both enrolled and employed was 25 percent in 2004, about the same as in the previous year. This proportion is down from 31 percent in 1999.

*Bullets contain references to data that can be found in Tables ED6.A and ED6.B on pages 160–161. Endnotes begin on page 73.*

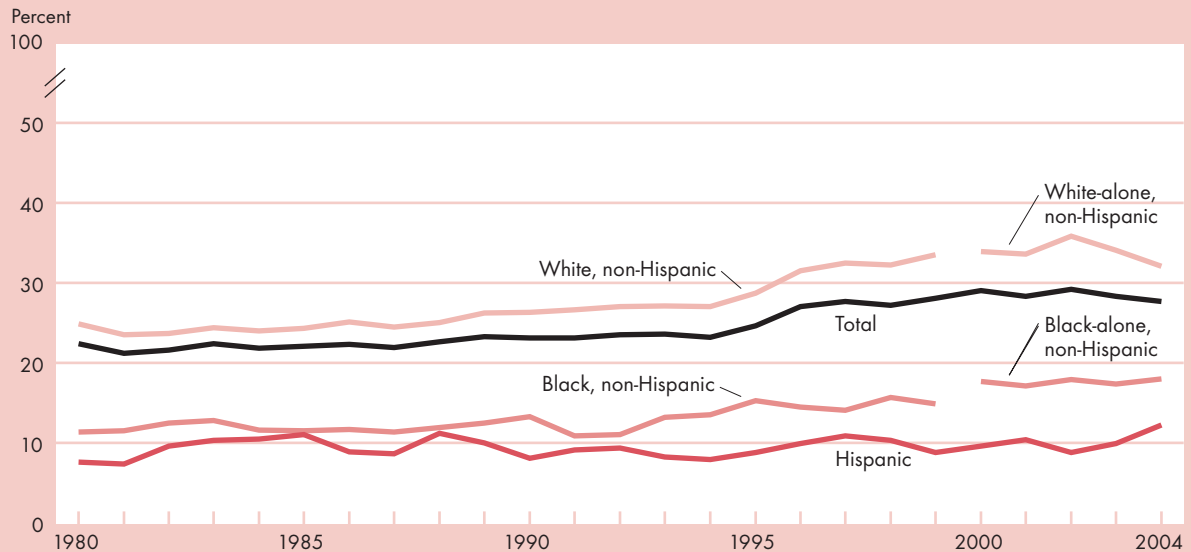


## Higher Education

**H**igher education, especially completion of a bachelor's or a more advanced degree, generally enhances a person's employment prospects and increases his or her earning potential.<sup>107</sup> The percentage of young adults who have completed a bachelor's degree or higher is one measure of the percentage of young people who have successfully applied for and persisted through a program of higher education.

### Indicator ED7

### Percentage of adults ages 25–29 who have completed a bachelor's or higher degree by race and Hispanic origin, 1980–2004



NOTE: From 1980 to 1999, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. From 2000 to 2003, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data from 2000 onward are not directly comparable with data from earlier years. In addition, note that data on race and Hispanic origin are collected separately, but are combined for reporting.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

- In 2004, 28 percent of adults ages 25–29 had earned a bachelor's or higher degree.
- This percentage increased between 1980 and 2004 from 23 to 28 percent; since 1996, the percentage has fluctuated between 27 and 29 percent.
- White-alone, non-Hispanic persons ages 25–29 were more likely than both Black-alone, non-Hispanics and Hispanics in the same age group to have earned at least a bachelor's degree. In 2004, 32 percent of White-alone, non-Hispanics, 18 percent of Black-alone, non-Hispanics, and 12 percent of Hispanics in this age group had earned a bachelor's degree or higher.<sup>1</sup>
- The percentage of Hispanic adults ages 25–29 in 2004 who had earned at least a bachelor's degree (12 percent) was higher than the percentage in either 1980 (8 percent) or 2003 (10 percent).
- The percentage of Black-alone, non-Hispanic persons ages 25–29 who had earned at least a bachelor's degree increased from 12 percent in 1980 to 18 percent in 2004.<sup>1</sup>
- Females were more likely than males to have earned a bachelor's degree or higher in 2004 (30 versus 26 percent, respectively). They were also more likely than males to have earned an associate's degree without subsequently earning a bachelor's degree.
- In 2004, 8 percent of adults ages 25–29 had earned an associate's degree but had not subsequently earned a bachelor's degree.

*Bullets contain references to data that can be found in Table ED7 on page 162. Endnotes begin on page 73.*

## Indicator Needed

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### Education

Regular, periodic data collections are needed to collect information on young children's cognitive, social, and emotional development.

- *Early childhood development.* Although this report offers indicators of young children's exposure to reading and early childhood education, a regular source of data is needed to monitor specific social, intellectual, and emotional skills of preschoolers over time. One assessment of kindergartners' skills and knowledge was presented as a special feature in *America's Children, 2000*.



## Indicators of Children's Well-Being

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### Special Features

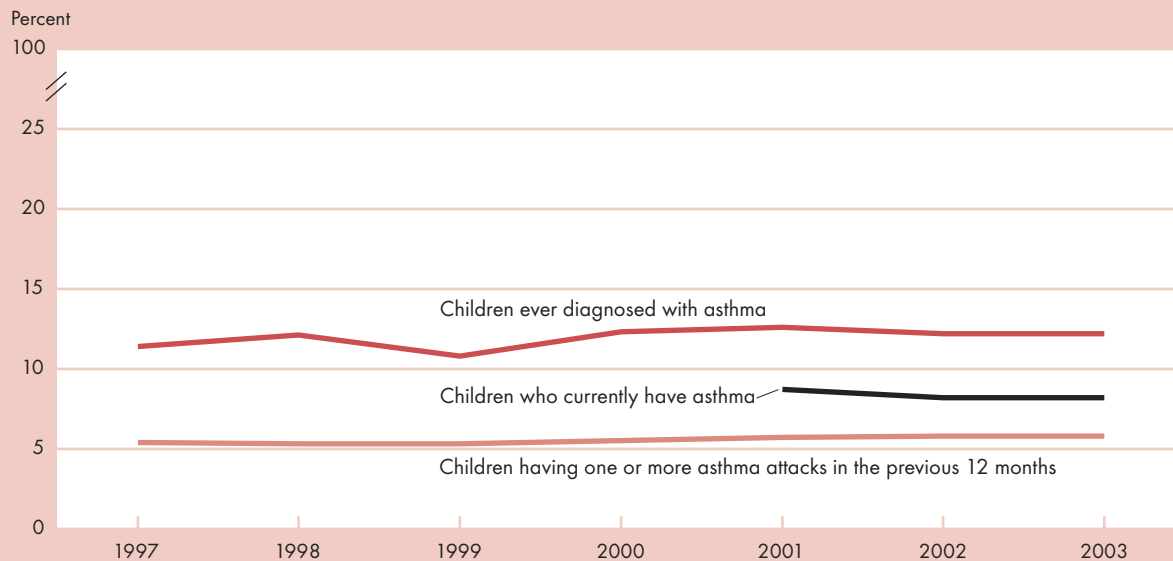
**S**pecial features provide an opportunity to present important information in addition to the key national indicators in this report. This year's special features report on children with asthma, children with specified blood lead levels, and parental reports of children's emotional and behavioral difficulties.

# Asthma

**A**sthma is a disease of the lungs that can cause wheezing, difficulty in breathing, and chest pain. It is one of the most common chronic diseases among children and is costly in both health and monetary terms. Asthma varies greatly in severity. Some children who have been diagnosed with asthma may not experience any serious respiratory effects. Other children may have mild symptoms or may respond well to management of their asthma, typically through the use of medication. Some children with asthma may suffer serious attacks that greatly limit their activities resulting in visits to emergency rooms or hospitals, or in rare cases, cause death. Environmental factors such as air pollution and secondhand tobacco smoke,<sup>108</sup> along with infections,<sup>109</sup> exercise and allergens,<sup>110</sup> can trigger asthma attacks in children who have the disease. Objective 24–2a of the Healthy People 2010 initiative aims to reduce hospitalizations for asthma for children under age 5 years.

## Indicator SPECIAL1

### Percentage of children ages 0–17 with asthma, 1997–2003



NOTE: Children are identified as having asthma by asking parents "Has a doctor or other health professional EVER told you that your child has asthma?" If the parent answers YES to this question, they are then asked (1) "Does your child still have asthma?" and (2) "During the past twelve months, has your child had an episode of asthma or an asthma attack?" The question "Does your child still have asthma?" was introduced in 2001.

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

- In 2003, about 13 percent of children had been diagnosed with asthma at some time in their lives, though some of those children may no longer have asthma.
- About 9 percent of children were reported to currently have asthma in 2003. These include children with active asthma symptoms and those whose asthma is well-controlled.
- Approximately 6 percent of all children had one or more asthma attacks in the previous 12 months. These children have ongoing asthma symptoms that could put them at risk for poorer health outcomes, including hospitalizations and death. About two-thirds of children who currently have asthma have on-going asthma symptoms.
- In 2003, about 13 percent of Black-alone, non-Hispanic children were reported to currently have asthma, compared to 8 percent of White-alone, non-Hispanic and 7 percent of Hispanic children.<sup>1</sup>

Disparities exist within the Hispanic population such that 21 percent of Puerto Rican children were reported to currently have asthma, compared with 5 percent of Mexican children.

- From 1997–2003 the trends for these three asthma indicators remained fairly stable. Between 1980 and 1995, childhood asthma, as measured by the question, "During the past twelve months, did anyone in the family have asthma?" more than doubled (from about 4 percent in 1980 to approximately 8 percent in 1995). Methods for measurement of childhood asthma changed in 1997, so earlier data cannot be compared to data from 1997–2003.

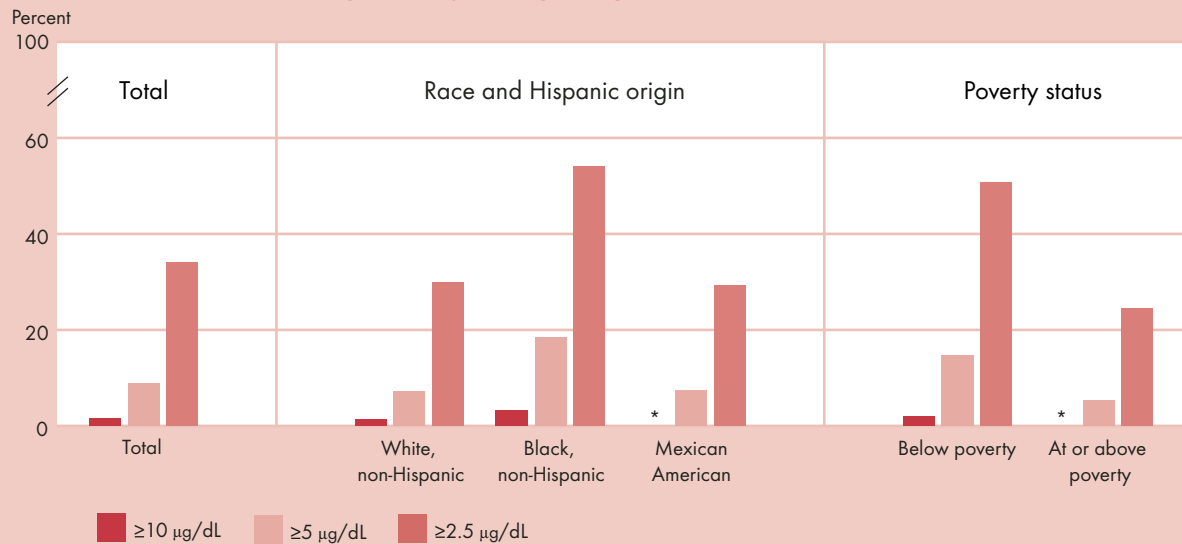
*Bullets contain references to data that can be found in Tables SPECIAL1.A and SPECIAL1.B on page 163. Endnotes begin on page 73.*

## Lead in the Blood of Children

**L**ead is a major environmental health hazard for young children. Childhood exposure to lead contributes to learning problems such as reduced intelligence and cognitive development.<sup>111–113</sup> Studies have shown that childhood exposure to lead contributes to hyperactivity and distractibility,<sup>114–116</sup> increases the likelihood of having a reading disability and lower vocabulary,<sup>117</sup> and increases the risk for antisocial and delinquent behavior.<sup>118</sup> A blood lead level of 10 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) or greater is considered elevated,<sup>119,120</sup> but adverse health effects have been shown to occur at lower concentrations.<sup>112,113,121,122</sup> Lead exposures have declined since the 1970s, due largely to the removal of lead from gasoline and fewer homes with lead-based paint.<sup>121,123</sup> Dust contaminated by lead paint in older homes and lead in soil remain as potential sources of exposure.<sup>119,124–126</sup> Children ages 1–5 years are particularly vulnerable because of frequent hand-to-mouth behavior. Objective 8–11 of the Healthy People 2010 initiative aims to eliminate elevated blood lead levels in children.

### Indicator SPECIAL2.A

#### Percentage of children ages 1–5 with specified blood lead levels by race and Hispanic origin and poverty status, 1999–2002



\* Data not shown. Estimates are considered unreliable (relative standard error is greater than 40 percent).

NOTE: Data for 1999–2002 are combined.

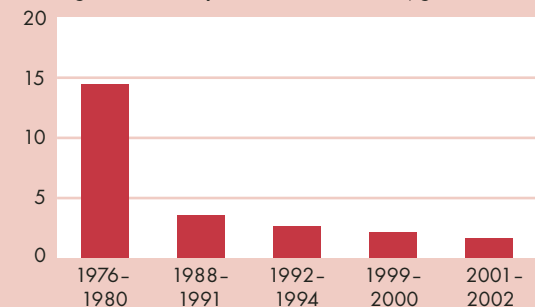
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

- In 1999–2002, about 2 percent of children ages 1–5 had elevated blood lead levels [greater than or equal to 10 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ )]. This is a substantial decline from the approximately 88 percent of children in 1976–1980 with blood lead levels at or above 10  $\mu\text{g}/\text{dL}$ .
- About 19 percent of Black, non-Hispanic children, 7 percent of White, non-Hispanic children, and 7 percent of Mexican American children had blood lead levels at or above 5  $\mu\text{g}/\text{dL}$  in 1999–2002.
- Children in homes with incomes below poverty generally had greater blood lead levels than children in homes above poverty.
- The median blood lead concentration for children ages 1–5 dropped from about 14 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) in 1976–1980 to about 2  $\mu\text{g}/\text{dL}$  in 2001–2002, a relative decline of 89 percent.

### Indicator SPECIAL2.B

#### Median blood lead concentration among children ages 1–5, selected years 1976–2002

Micrograms of lead per deciliter of blood ( $\mu\text{g}/\text{dL}$ )



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

*Bullets contain references to data that can be found in Tables SPECIAL 2.A and SPECIAL 2.B on page 164. Endnotes begin on page 73.*

## Parental Reports of Emotional and Behavioral Difficulties

**G**ood emotional and behavioral health enhances a child's sense of well-being, leads to satisfying social relationships at home and with peers, and leads to achievement of full academic potential.<sup>127</sup> Children with emotional and behavioral difficulties may have problems managing their emotions, focusing on tasks, and/or controlling their behavior. These difficulties, which may persist throughout a child's development and can lead to lifelong disability,<sup>127,128</sup> are usually first noticed by parents. Parents' reports are crucial to alerting doctors about their child's emotional and behavioral difficulties and to obtaining mental health services.<sup>129</sup>

### Indicator SPECIAL3

#### Percentage of children ages 4–17 reported by a parent to have definite or severe emotional or behavioral difficulties, by age and gender, 2003



NOTE: Children with definite or severe emotional or behavioral difficulties are defined as those whose parent responded "yes, definite" or "yes, severe" to the following question on the Strengths and Difficulties Questionnaire (SDQ):<sup>130</sup> "Overall, do you think that (child) has any difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?" Response choices were: (1) no; (2) yes, minor difficulties; (3) yes, definite difficulties; (4) yes, severe difficulties.

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

- In 2003, 5 percent of children ages 4–17 were reported by a parent to have definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people.
- The percentage of children with definite or severe emotional or behavioral difficulties differed by age and gender. The overall percentage for males was 6 percent; it ranged from a low of 5 percent among ages 4–7 to a high of 7 percent among ages 8–10 and 15–17. The overall percentage for females was 3 percent; it ranged from a low of 2 percent among ages 4–7 to a high of 5 percent among ages 15–17.
- Eight percent of children living below the poverty level had definite or severe difficulties, compared with 6 percent of children in near-poor families (those with family incomes 100–199 percent of the poverty level) and 5 percent of children in non-poor families (those with family incomes 200 percent or more of the poverty level).<sup>131</sup>
- Four percent of children in families with two parents, 7 percent of children in mother-only families, and 4 percent in father-only families were reported to have definite or severe emotional or behavioral difficulties. Nine percent of children not living with either parent were reported to have definite or severe difficulties. This group includes children cared for by other relatives such as a grandparent.
- Sixty-five percent of parents who reported their child had definite or severe emotional or behavioral difficulties also reported contacting a mental health professional or general doctor and/or that the child received special education for these difficulties. Nine percent of parents reported that they wanted mental health care for their child, but could not afford it.

*Bullets contain references to data that can be found in Tables SPECIAL 3.A and SPECIAL 3.B on pages 165–166. Endnotes begin on page 73.*





# Indicators of Children's Well-Being

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Special Section

**T**his year's special section is *Family Structure and Children's Well-Being*. It provides family structure breakouts for five indicators selected from the Population and Family Characteristics, Health, and Education sections of *America's Children*.



## Family Structure and Children's Well-Being

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**C**hildren are born into and grow up in a variety of family structures. Research using a range of data sets and analytic approaches consistently shows that children's well-being is associated with family structure, usually defined as the number, type, and marital status of parents or guardians.<sup>132</sup> Research shows that a wide range of other factors also contribute to child outcomes, and that most children have positive outcomes in a number of different family structures. *America's Children* includes family structure as both an indicator (POP6.A and POP6.B) and as a breakout for several economic and education indicators (e.g., ECON1.A, ECON.2, ED.1, and ED.2). This special section further illustrates the associations between family structure and child well-being. Future volumes of *America's Children* will include breakouts by family structure for additional indicators, as well. These efforts carry on the Forum's work to improve measures of family structure across the Federal statistical system.

Analyzing data by family structure is a complex task for many reasons. First, classifying family types is difficult. Most current surveys do not collect detailed data on the relationships of all household members to one another. Second, most surveys do not collect historical data on changes in family structure over time. Third, the Federal statistical system does not have a standard in place that consistently characterizes family structure. Fourth, family structure has strong statistical associations with other factors related to child well-being, such as race, ethnicity, and socio-economic status. It is often difficult to disentangle the individual effects of each factor. Fifth, while family structure may affect child well-being, the characteristics of children may in turn affect family structure.<sup>133</sup> Lastly, group differences do not predict individual outcomes. Thus, the relationships between family structure and children's well-being are complex, and not all associations represent causal effects.

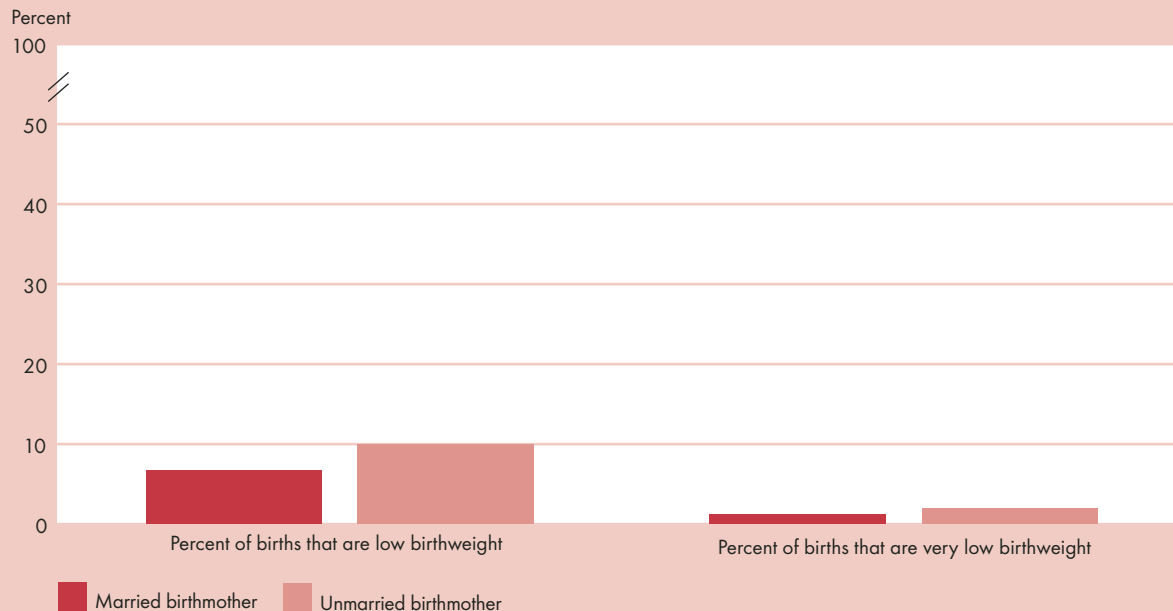
This special section presents five examples of indicators broken out by family structure. The two infant well-being indicators—low birthweight and infant mortality—use the measures and data sources currently reflected in HEALTH5 and HEALTH6, and are presented by birthmother's marital status. This is the one measure of family structure available in data provided by the National Vital Statistics System. The three adolescent indicators—school enrollment, health, and unmarried teen motherhood—utilize the same data source used in indicators POP6.B and POP8.B (the Survey of Income and Program Participation, or SIPP). The data presented show that associations between family structure and these child outcomes generally persist within groups defined by race and ethnicity, mother's age, and family income.

## Family Structure and Infant Well-Being

In 2002, 66 percent of all births were to married mothers, and 34 percent were to unmarried mothers. Figures SPECIAL4.A and SPECIAL4.B show differences in rates of low birthweight and infant mortality between infants born to married and unmarried mothers.<sup>135</sup> Birthweight is one of the most important predictors of an infant's survival chances. In 2002, low birthweight babies (8 percent of all babies) made up two-thirds of all infant deaths.<sup>136</sup> Low birthweight births are defined as infants less than 2,500 grams, or 5 lb. 8 oz., and very low birthweight births are defined as infants less than 1,500 grams, or 3 lb. 4 oz. Infant mortality rate is defined as deaths before first birthday in a calendar year divided by 1,000 live births during the same period.

Figure SPECIAL4.A

Percentage of low and very low birthweight births by birthmother's marital status, 2002



NOTE: Percentage of low birthweight births for married birthmothers is significantly different from that for unmarried birthmothers (.05 level); likewise, percentage of very low birthweight births for married birthmothers is significantly different from that for unmarried birthmothers (.05 level). Mother's marital status is captured at the time of birth by a direct question on birth certificates in 48 states and DC (Michigan and New York use an inferential procedure to determine marital status, and are included with the other 48 states and DC).

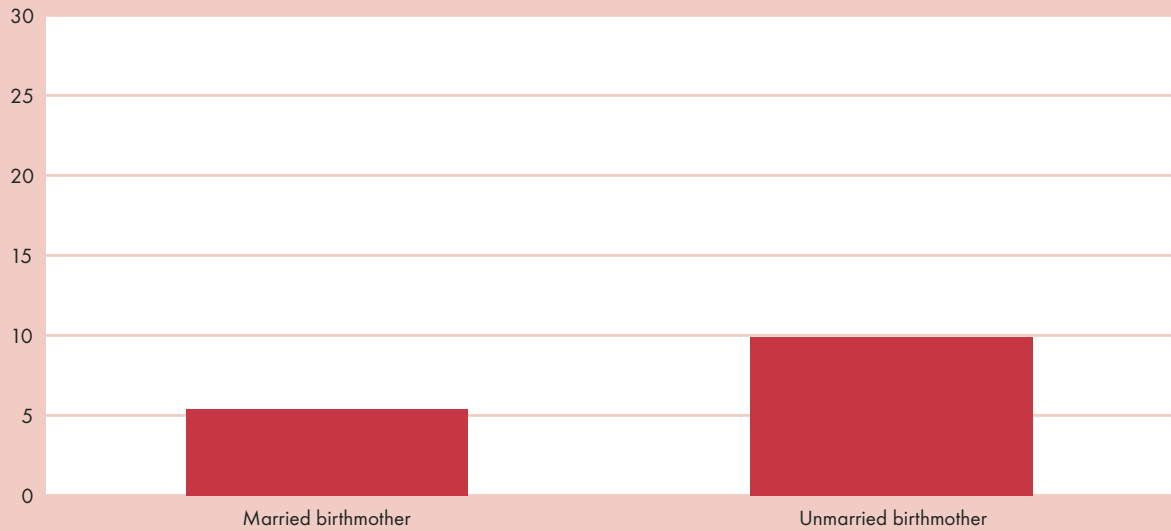
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

### Low and very low birthweight births

- In 2002, 7 percent of births to married mothers were low birthweight, compared with 10 percent of births to unmarried mothers. In the same year, 1 percent of births to married mothers were very low birthweight, compared with 2 percent of births to unmarried mothers.
- Babies born to unmarried mothers are more likely to be low birthweight than those born to married mothers, both overall and for each racial and ethnic group. In 2002, 6 percent of infants born to married White, non-Hispanic birthmothers were low birthweight, compared to 9 percent of infants born to unmarried birthmothers in the same group. The pattern of low-birthweight rates for Black, non-Hispanic mothers was similar, with unmarried mothers having higher rates: 12 percent for married mothers, and 14 percent for unmarried mothers. Similarly, the low-birthweight rate for married Hispanic mothers was 6 percent, and for unmarried Hispanic mothers, it was 7 percent.
- Across all age groups, married birthmothers have a lower rate of low birthweight births than unmarried birthmothers. For example, in 2002, 7 percent of infants born to married birthmothers ages 20–24 were low birthweight, compared with 9 percent of infants born to unmarried birthmothers ages 20–24.

**Figure SPECIAL4.B****Death rates among infants by birthmother's marital status, 2002**

Infant deaths per 1,000 live births



NOTE: Rate for infants of married birthmothers is significantly different from rate for infants of unmarried birthmothers (.05 level). Mother's marital status is captured at the time of birth by a direct question on birth certificates in 48 states and DC (Michigan and New York use an inferential procedure to determine marital status, and are included with the other 48 states and DC).

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

**Infant mortality**

- In 2002, the mortality rate for infants born to married mothers was 5 deaths per 1,000 live births, compared with 10 per 1,000 live births for infants born to unmarried mothers.
- The infant mortality rate is higher for unmarried birthmothers, both overall and for each racial and ethnic group. In 2002, the infant mortality rate was 5 deaths per 1,000 live births for White, non-Hispanic married birthmothers and 9 deaths per 1,000 live births for unmarried birthmothers of that group. The corresponding rates for Black, non-Hispanic birthmothers were 12 and 15; for Hispanic birthmothers, the rates were 5 and 6.
- Across all age groups, infant mortality rates are lower for married birthmothers than for unmarried birthmothers. For example, in 2002, the infant mortality rate was 6 deaths per 1,000 live births among married birthmothers ages 20–24, and 10 deaths per 1,000 live births among unmarried birthmothers of this age group.

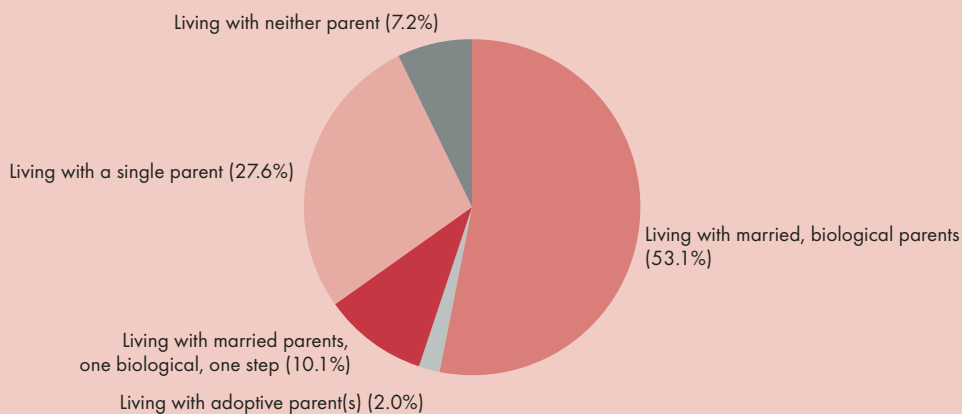
*Bullets contain references to data that can be found in Tables SPECIAL4.A and SPECIAL4.B on pages 167–168. Endnotes begin on page 73.*

## Family Structure and Adolescent Well-Being

**A**dolescents ages 15–17 live in many different family arrangements. The Survey of Income and Program Participation (SIPP), a longitudinal survey with national panels introduced every 3 to 4 years, provides a unique opportunity to examine detailed family structures. The following analyses illustrate that most adolescents in all family structures were enrolled in school and were reported to be in excellent or very good health, and that most adolescent girls in all family structures did not become unmarried teen birthmothers. Note that, in the following figures, the “single parent” group includes children living with a single biological parent and a cohabiter (whether a biological parent or not), a single biological parent and one or more adult relatives, or a single biological parent without other adults.<sup>137</sup> The “neither parent” group includes children living with relatives, as well as those living alone or with nonrelatives. The bullets below and on the following pages describe significant differences between adolescents living with married, biological parents and adolescents living in other arrangements.<sup>138</sup>

**Figure SPECIAL4.C**

**Percentage of adolescents ages 15–17 living in various family arrangements, 1996 and 2001 SIPP panels**



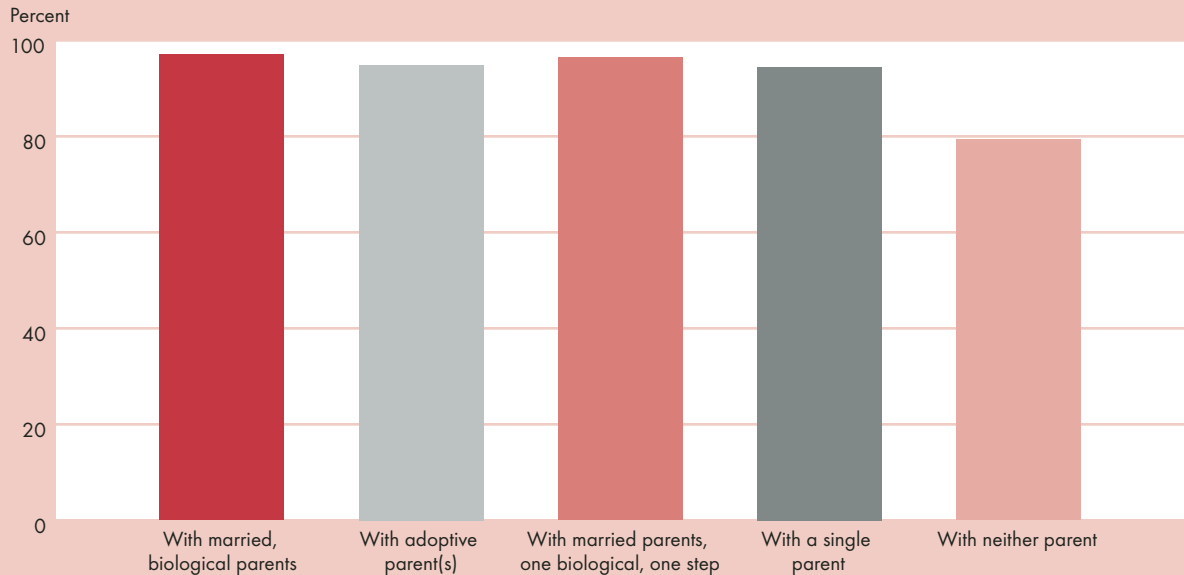
NOTE: The 1996 and 2001 panels from the Survey of Income and Program Participation (SIPP) were combined for the purposes of these analyses.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation, 1996 and 2001 panels.

- Combined data from the 1996 and 2001 SIPP panels indicate that 53 percent of adolescents ages 15–17 were living with two married, biological parents, 2 percent with adoptive parent(s), 10 percent with two married parents (one biological and one step), 28 percent with a single parent, and 7 percent with neither parent.

**Figure SPECIAL4.D**

**Percentage of adolescents ages 15–17 enrolled in school by family structure, 1996 and 2001 SIPP panels**



NOTE: Percentage for adolescents with married, biological parents is significantly different from percentage for those with a single parent and with neither parent (.05 level). Percentage for adolescents with married, biological parents is not significantly different from percentage for those with adoptive parent(s) or a stepparent. The 1996 and 2001 panels from the Survey of Income and Program Participation (SIPP) were combined for the purposes of these analyses.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation, 1996 and 2001 panels.

### Adolescent school enrollment

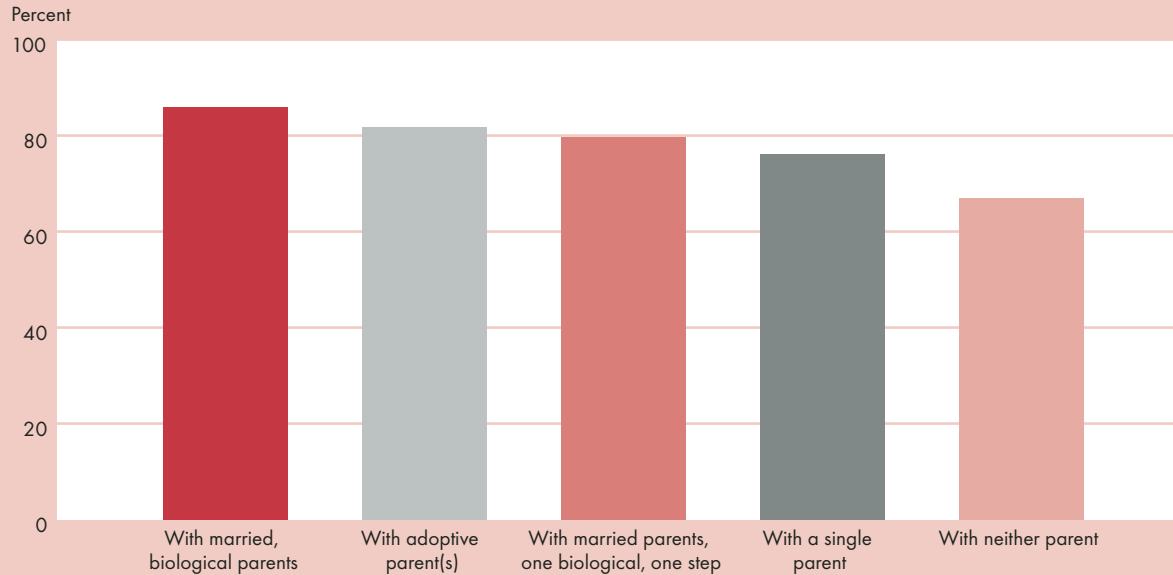
■ Combined data from the 1996 and 2001 SIPP panels show that 95 percent of adolescents ages 15–17 were enrolled in school. For those adolescents ages 15–17 living with their married, biological parents, 97 percent were enrolled in school, compared with 94 percent of those living with a single parent, and 79 percent of those not living with either parent.

■ Overall, 97 percent of adolescents ages 15–17 whose family’s income was more than twice the poverty line were enrolled in school. Among adolescents whose family’s income was more than twice the poverty line, 98 percent of those living with their married biological parents were enrolled in school, compared with 96 percent of those living with a single parent, and 82 percent of those not living with either parent.<sup>139</sup>

*Bullets contain references to data that can be found in Tables SPECIAL4.C and SPECIAL4.D on pages 169–170. Endnotes begin on page 73.*

Figure SPECIAL4.E

Percentage of adolescents ages 15–17 reported to be in excellent or very good health by family structure, 1996 and 2001 SIPP panels

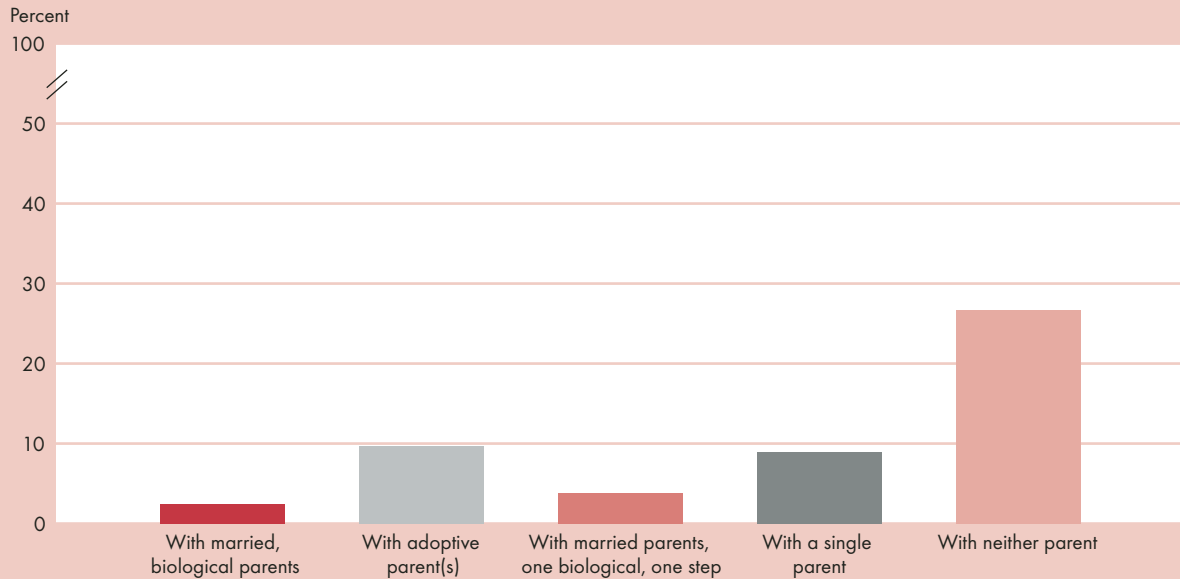


NOTE: Percentage for adolescents with married, biological parents is significantly different from percentage for those with a stepparent, with a single parent, and with neither parent (.05 level). Percentage for adolescents with married, biological parents is not significantly different from percentage for those with adoptive parent(s). The 1996 and 2001 panels from the Survey of Income and Program Participation (SIPP) were combined for the purposes of these analyses.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation, 1996 and 2001 panels.

### Adolescent health reports

- Combined data from the 1996 and 2001 Survey of Income and Program Participation (SIPP) panels show that 81 percent of adolescents ages 15–17 were reported to be in excellent or very good health. Eighty-six percent of adolescents ages 15–17 who lived with their biological married parents were reported to be in excellent or very good health, compared with 80 percent of those living with two married parents (one biological and one step), 76 percent of those living with a single parent, and 67 percent of those not living with either parent.
- Overall, 84 percent of adolescents ages 15–17 whose family’s income was more than twice the poverty line were reported to be in excellent or very good health. Among adolescents ages 15–17 whose family’s income was more than twice the poverty line, the report of excellent or very good health status remained highest for those that lived with their married, biological parents (87 percent). In contrast, 81 percent of adolescents living with two married parents (one biological and one step), 79 percent of those living with a single parent, and 69 percent of those not living with either parent were reported to enjoy excellent or very good health.

**Figure SPECIAL4.F****Percentage of adolescent girls, by family structure at ages 15–17, who became unmarried birthmothers by ages 17–19, 1996 and 2001 SIPP panels**

NOTE: Percentage for adolescents with married, biological parents is significantly different from percentage for those with a single parent and with neither parent (.05 level). Percentage for adolescents with married, biological parents is not significantly different from percentage for those with adoptive parent(s) or a stepparent. Family structure was measured in 1996 and 2001, at ages 15–17; data on unmarried motherhood was collected over the two succeeding years. The 1996 and 2001 panels from the Survey of Income and Program Participation (SIPP) were combined for the purposes of these analyses.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation, 1996 and 2001 panels.

**Unmarried teen birthmothers**

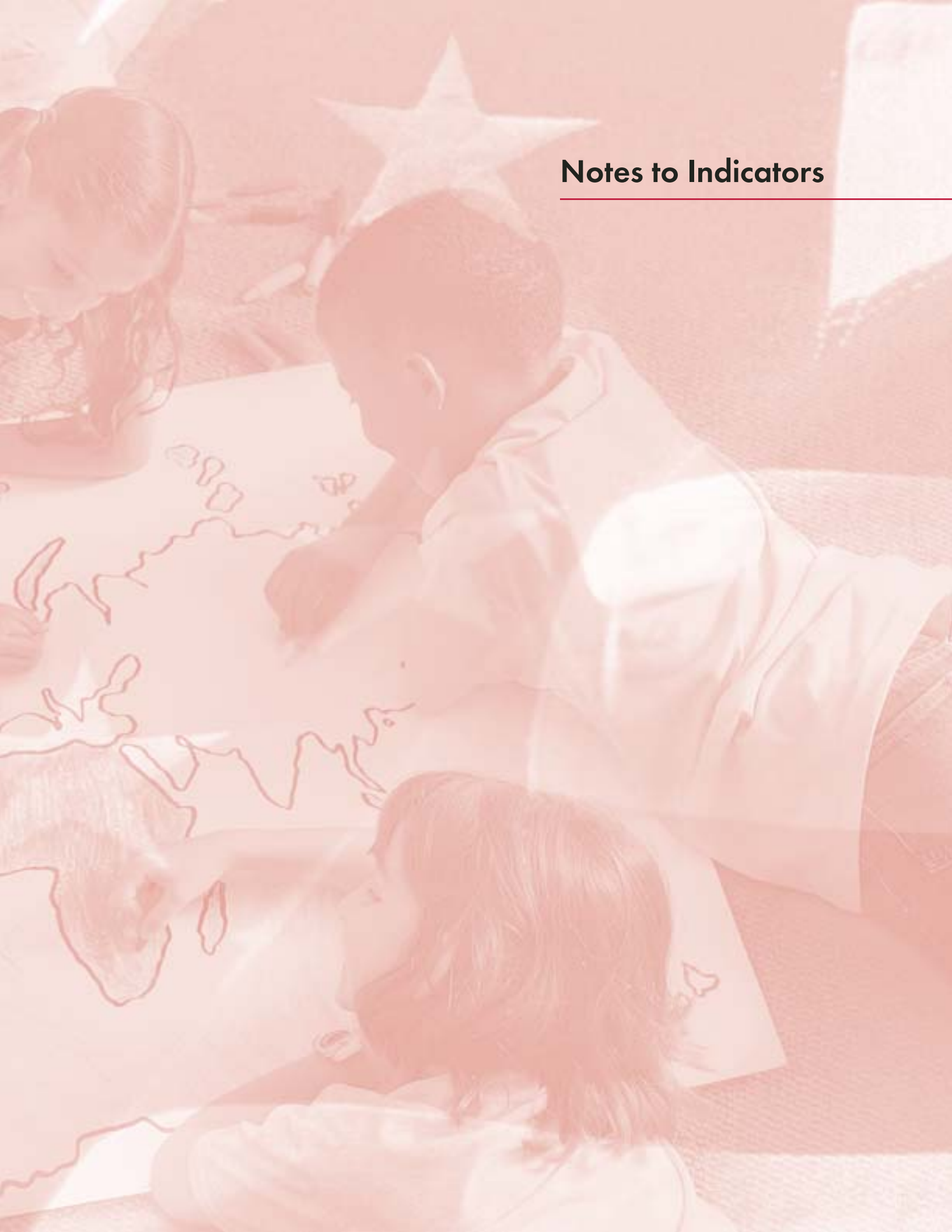
- Combined data from the 1996 and 2001 SIPP panels show that 6 percent of all girls ages 15–17 became unmarried mothers by ages 17–19. Among girls ages 15–17 who lived with their biological married parents at the start of the survey, 2 percent became unmarried mothers by ages 17–19, compared with 9 percent of those who lived with a single parent, and 27 percent of those who did not live with either parent.
- Overall, 3 percent of girls ages 15–17 whose family’s income was more than twice the poverty line became unmarried mothers by ages 17–19. The rate was 2 percent among girls living with married, biological parents, 7 percent among girls living with a single parent, and 22 percent among girls not living with either parent.
- Differences in unmarried teen motherhood by family structure persist for each racial and ethnic group. Among White, non-Hispanic girls ages 15–17 who lived with both married, biological parents, 2 percent became unmarried mothers by ages 17–19, compared with 5 percent of those who lived with a single parent, and 23 percent of those who did not live with either parent. Among Black, non-Hispanic girls ages 15–17 who lived with both biological married parents, 6 percent became unmarried mothers by ages 17–19, compared with 13 percent of those who lived with a single parent, and 25 percent of those who did not live with either parent. Among Hispanic girls ages 15–17 who lived with both biological married parents, 5 percent became unmarried mothers by ages 17–19, compared with 18 percent of those who lived with a single parent, and 42 percent of those who did not live with either parent.

*Bullets contain references to data that can be found in Tables SPECIAL4.E and SPECIAL4.F on pages 171–172. Endnotes begin on page 73.*



## Notes to Indicators

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## Notes to Indicators

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<sup>1</sup> In this report, people who responded to the question on race by indicating only one race are referred to as the “race-alone” population. For example, those who indicated their race as only “White” and no other race are referred to as “White-alone.”

<sup>2</sup> Schmidley, A. D. (2001). *Profile of the Foreign-Born Population of the United States: 2000*, Current Population Reports. P23–206, U.S. Government Printing Office, Washington, DC: U.S. Census Bureau, available at <http://www.census.gov/prod/2002pubs/p23-206.pdf>. For more information on the nativity of the population since 1850 (based on decennial censuses), see Gibson, C.J., and Lennon, E. (1999). *Historical Census Statistics on the Foreign-Born Population of the United States: 1850–1990*, Population Division Working Paper No. 29. Washington, DC: U.S. Census Bureau, available at <http://www.census.gov/population/www/documentation/twps0029/twps0029.html>. Additionally, data on the nativity of the population have been available from the Current Population Survey since 1994.

<sup>3</sup> Larsen, L.J. (2004). *The Foreign-Born Population in the United States: March 2000*, Current Population Reports. P20–551. Washington, DC: U.S. Census Bureau, available at <http://www.census.gov/prod/2004pubs/p20-551.pdf>

<sup>4</sup> Shields, M.K., and Behrman, R.E. (2004). Children of Immigrant Families: Analysis and Recommendations. *The Future of Children*, 14(2), 4–16.

<sup>5</sup> Adult respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting how well children could speak English were “Very well,” “Well,” “Not well,” and “Not at all.” All those who were reported to speak English less than “Very well” were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of sample children in the 1980s.

<sup>6</sup> A linguistically isolated household is one in which no person age 14 or over speaks English at least “Very well.” That is, no person age 14 or over speaks only English at home, or speaks another language at home and speaks English “Very well.”

<sup>7</sup> The majority of children who live with neither parent are living with grandparents or other relatives. Some live with foster parents or other nonrelatives.

<sup>8</sup> The category “two married parents” includes children who live with a biological, step, or adoptive parent who is married with his or her spouse present. If a second parent is present and not married to the first parent, then the child is identified as living with a single parent.

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<sup>19</sup> Chandra, A., Martinez, G.M., Mosher, W.D., Abma, J.C., and Jones, J. (2005, forthcoming). Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. *Vital and Health Statistics*, Series 23, Number 25. Hyattsville, MD: National Center for Health Statistics.

<sup>20</sup> The birth rate for unmarried women is the number of births per 1,000 unmarried women in a given age group, for example, 20–24 years. The percentage of all births that are to unmarried women is the number of births occurring to unmarried women, divided by the total number of births. The percentage of all births that are to unmarried women is affected by the birth rate for married women, the birth rate for unmarried women (who account for nearly one-third of all births), and the proportion of women of childbearing age who are unmarried. The percentage of births to unmarried women increased very slightly in recent years, because increases in the birth rate for unmarried women were offset by increases in births for married women.

<sup>21</sup> U.S. Census Bureau. (various years). Marital status and living arrangements (annual reports) and, beginning 1999, America's families and living arrangements. *Current Population Reports*, Series P–20. Beginning in 1995, reports are available on the U.S. Census Bureau website at <http://www.census.gov/population/www/socdemo/ms-la.html> and since 1999, at: <http://www.census.gov/population/www/socdemo/hh-fam.html>

<sup>22</sup> National Center for Health Statistics. National Vital Statistics System. (2002). Unpublished tabulations.

<sup>23</sup> To provide a comprehensive picture of the child care arrangements parents use to care for their preschoolers, this indicator draws on the strengths of two different Federal data sets—the National Household Education Surveys Program (NHES) and the Survey of Income and Program Participation (SIPP). Using NHES (POP8.A) data, the percentage of children in each type of arrangement is shown, to provide total usage rates. Because some children are cared for by more than one type of provider, the numerator is the number of children in the particular arrangement and the denominator is all children. Using SIPP (POP8.B) data, the historical trend of the primary child care provider is shown because there is an interest in the care arrangement that is used by employed mothers for the greatest number of hours each week. In this case, the numerator is the number of children of employed mothers who spend the greatest number of hours in the particular arrangement each week and the denominator is all children of employed mothers.

<sup>24</sup> Center-based care includes day care centers, nursery schools, preschools and Head Start programs. Home-based care or other nonrelative care includes family day care providers, babysitters, nannies, friends, neighbors, and other nonrelatives providing care in either the child's or provider's home. Other relatives include siblings and other relatives. Mother care includes care by the mother while she worked. To see trends in individual child care arrangement types refer to Smith, K. (2002). Who's minding the kids? Child care arrangements: Spring 1997. *Current Population Reports*, P70–86. U.S. Census Bureau, Washington, DC.

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- <sup>32</sup> This measure does not differentiate between counties in which the Primary National Ambient Air Quality Standards are exceeded frequently or by a large margin and counties in which the standards are exceeded only rarely or by a small margin. It must also be noted that this analysis differs from the analysis utilized by the U.S. Environmental Protection Agency for the designation of "nonattainment areas" for regulatory compliance purposes.
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<sup>131</sup> Poverty level is based on family income and reflects family size and composition. It is adjusted each year using the annual average Consumer Price Index level. For more detail, see U.S. Census Bureau, Series P-60, no. 219. Near-poor children are children living in families with incomes 100–199 percent of the poverty threshold. Non-poor children are children living in families with incomes 200 percent of the poverty level or greater.

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<sup>136</sup> MacDorman, M.F., Martin, J.A., Mathews, T.J., Hoyert, D.L., and Ventura, S.J. (2005). Explaining the 2001–02 Infant Mortality Increase: Data from the Linked Birth/Infant Death Data Set. *National Vital Statistics Reports*, 53(12). Hyattsville, Maryland: National Center for Health Statistics.

<sup>137</sup> This category is similar to that used by other statistical agencies. Cohabiting biological parents, for adolescents ages 15–17, were not included as a separate group due to small sample size.

<sup>138</sup>  $p < .05$ .

<sup>139</sup> Sample sizes preclude further breakouts by income.