Federal Interagency Forum on Child and Family Statistics

America's Children: Key National Indicators of Well-Being, 2013

Forum on Child and Family Statistics

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The Federal Interagency Forum on Child and Family Statistics was founded in 1994. Executive Order No. 13045 formally established the Forum in April 1997 to foster coordination and collaboration in the collection and reporting of Federal data on children and families. Agencies that are members of the Forum as of Spring 2013 are listed below.

Department of Agriculture
Economic Research Service
http://www.ers.usda.gov

Department of Commerce
U.S. Census Bureau
http://www.census.gov

Department of Defense
Office of the Deputy Under Secretary of Defense
Military Community and Family Policy
http://prhome.defense.gov/rfm/MCFP/

Department of Education
National Center for Education Statistics
http://nces.ed.gov

Department of Health and Human Services
Administration for Children and Families
http://www.acf.hhs.gov

Agency for Healthcare Research and Quality
http://www.ahrq.gov

Eunice Kennedy Shriver National Institute of Child Health and Human Development
http://www.nichd.nih.gov

Maternal and Child Health Bureau
http://www.mchb.hrsa.gov

National Center for Health Statistics
http://www.cdc.gov/nchs

National Institute of Mental Health
http://www.nimh.nih.gov

Office of the Assistant Secretary for Planning and Evaluation
http://aspe.hhs.gov

Office of Adolescent Health
http://www.hhs.gov/ash/oah/

Substance Abuse and Mental Health Services Administration
http://www.samhsa.gov

Department of Housing and Urban Development
Office of Policy Development and Research
http://www.huduser.org

Department of Justice
Bureau of Justice Statistics
http://www.ojp.usdoj.gov/bjs

National Institute of Justice
http://www.ojp.usdoj.gov/nij

Office of Juvenile Justice and Delinquency Prevention
http://www.ojjdp.gov/

Department of Labor
Bureau of Labor Statistics
http://www.bls.gov

Women's Bureau
http://www.dol.gov/wb

Department of Transportation
National Highway Traffic Safety Administration
http://www.nhtsa.dot.gov

Environmental Protection Agency
Office of Children's Health Protection
http://www.epa.gov/children/

Office of Management and Budget
Statistical and Science Policy Office
http://www.whitehouse.gov/omb/inforeg_statpolicy

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Foreword

Nineteen years ago, the Office of Management and Budget (OMB) joined with six other Federal agencies to create the Federal Interagency Forum on Child and Family Statistics. Formally chartered in April 1997 through Executive Order No. 13045, the Forum's mission is to develop priorities for collecting enhanced data on children and youth, improve the communication of information on the status of children to the policy community and the general public, and produce more complete data on children at the Federal, state, and local levels. Today the Forum, which now has participants from 22 Federal agencies and partners in several private research organizations, fosters coordination, collaboration, and integration of Federal efforts to collect and report data on children and families and calls attention to needs for new data about them.

America's Children: Key National Indicators of Well-Being, 2013 is a compendium of indicators depicting both the promises and the challenges confronting our Nation's young people. The report, the 16th in an ongoing series, presents 41 key indicators on important aspects of children's lives. These indicators are drawn from our most reliable statistics, are easily understood by broad audiences, are objectively based on substantial research, are balanced so that no single area of children's lives dominates the report, are measured regularly so that they can be updated to show trends over time, and are representative of large segments of the population rather than one particular group.

The report continues to present key indicators in seven domains: family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. This year's report also incorporates several modifications that reflect the Forum's efforts to improve its quality and breadth. In addition to updating data sources and expanding several indicators, the report presents a special feature on children's kindergarten experiences.

Each volume of *America's Children* also spotlights critical data gaps and challenges Federal statistical agencies to address them. Forum agencies meet that challenge by working to provide more comprehensive and consistent information on the condition and progress of our Nation's children. Since the last full report was issued in 2011, Forum agencies have continued efforts to strengthen indicators by improving measurement of family reading behaviors with young children, by featuring updated lead exposure data using the most recent Centers for Disease Control and Prevention reference standard, by displaying U.S. data alongside international data for several education indicators, and by updating diet quality trend data using the most recent Dietary Guidelines for Americans. In activities not featured in this volume, the Forum's Research and Innovation Committee continues its work in addressing measurement and data needs in early childhood development, particularly in socioemotional development.

The value of the *America's Children* series and the extraordinary cooperation that these reports represent reflect the Forum's determination to help better understand the well-being of our children today and what may bring them a better future. The Forum agencies should be congratulated once again for developing such a comprehensive set of indicators and ensuring they are readily accessible in both content and format. The report is an excellent reflection of the dedication of the Forum agency staff members who assess data needs, strive to make data presentations more consistent, and work together to produce this substantial and important publication. Nonetheless, suggestions of ways we can enhance this portrait of children are always welcome.

None of this work would be possible without the continued cooperation of millions of Americans who provide the data that are summarized and analyzed by Federal statistical agencies. This report is, first and foremost, for you and all of the American public. We thank you for your gift, and we hope the volume will continue to be useful to you.

Katherine K. Wallman
Chief Statistician
Office of Management and Budget

Acknowledgments

This report reflects the commitment of the members of the Federal Interagency Forum on Child and Family Statistics. The report was written by the staff of the Forum, including Traci Cook, Forum Coordinator; Renee Ellis and Rebecca Chenevert, Census Bureau; Susan Lukacs and LaJeana Howie, National Center for Health Statistics; Grace Kena and Terris Ross, National Center for Education Statistics; Matthew Davis, Environmental Protection Agency; Barry Steffen, Department of Housing and Urban Development; Erika Harrell, Bureau of Justice Statistics; Jessica Cotto, National Institute on Drug Abuse; Susan Jekielek and Mary Mueggenborg, Administration for Children and Families; Alisha Coleman-Jensen, Economic Research Service; Lisa Williamson, Bureau of Labor Statistics; Shelli Avenevoli, National Institute of Mental Health; James Singleton and Cindi Knighton, Centers for Disease Control and Prevention; Beth Han, Substance Abuse and Mental Health Services Administration; and Hazel Hiza, Patricia Guenther, Kevin Kuczynski, and Kristin Koegel, Center for Nutrition Policy and Promotion.

In addition to the report authors, active members of the Reporting Committee who guided development of the report included Laura Chadwick, Office of the Assistant Secretary for Planning and Evaluation; Jennifer Park, Office of Management and Budget; Dan Axelrad and Gregory Miller, Environmental Protection Agency; Carrie Mulford, National Institute of Justice; Robert Kominski, Census Bureau; Regina Bures, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development; Ingrid Goldstrom, Substance Abuse and Mental Health Services Administration; Brecht Donoghue, Erica Smith, and Kristen Kracke, Office of Juvenile Justice and Delinquency Prevention; Jessica Jones, Maternal and Child Health Bureau; and Chou-Lin Chen, National Highway Traffic Safety Administration.

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About This Report

The Federal Interagency Forum on Child and Family Statistics' primary mission is to enhance data collection and reporting on children and families. *America's Children: Key National Indicators of Well-Being, 2013* provides the Nation with a summary of national indicators of children's well-being and monitors changes in these indicators. The purposes of the report are to improve reporting of Federal data on children and families, make these data available in an easy-to-use, non technical format, stimulate discussions among policymakers and the public, and spur exchanges between the statistical and policy communities.

Conceptual Framework

There are many interrelated aspects of children's well-being, and only selected facets can be included in this report. This report draws on various overarching frameworks to identify seven major domains that characterize the well-being of a child and influence the likelihood that a child will grow to be a well-educated, economically secure, productive, and healthy adult. The seven domains are family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. These domains are interrelated and can have synergistic effects on well-being.

Each section of the report corresponds to one of the seven domains and includes a set of key indicators. These indicators either characterize an aspect of well-being or an influence on well-being.

- *Family and Social Environment* includes indicators that characterize children's family lives and social settings.
- *Economic Circumstances* includes indicators that are related to children's basic material needs.
- *Health Care* includes indicators that characterize access to and use of health services among children.
- *Physical Environment and Safety* includes indicators that characterize children's environmental conditions or are related to children's safety.
- *Behavior* includes indicators that characterize personal behaviors and their effects.
- *Education* includes indicators that characterize how children learn and progress in school.
- *Health* includes indicators that characterize physical, mental, and social aspects of children's health.

Structure of the Report

America's Children: Key National Indicators of Well-Being, 2013 presents a set of key indicators that measure important aspects of children's lives and are collected regularly, reliably, and rigorously by Federal agencies. In determining this list of key indicators, the Forum carefully examined the available data and sought input from the Federal policymaking community, foundations, academic researchers, and state and local children's service providers. These indicators were chosen because they meet the following criteria:

- *Easy to understand* by broad audiences;
- *Objectively based* on reliable data with substantial research connecting them to child well-being;
- *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; and
- *Representative* of large segments of the population, rather than one particular group.

America's Children: Key National Indicators of Well-Being, 2013 is designed as a gateway to complement other, more technical or comprehensive reports produced by several Forum agencies. The report provides not only indicators covering seven domains of child well-being, but supplementary information as well. Appendix A, Detailed Tables, presents additional data not discussed in the main body of the report. Appendix B, Data Source Descriptions, describes the sources and surveys used to generate the data.

In addition, this year's report contains a special feature, The Kindergarten Year: Children's Early Academic and Social Skills. This feature highlights data from the Early Childhood Longitudinal Study, Kindergarten Class of 2010–2011 (ECLS-K:2011).

Changes to This Year's Report

Wherever possible, we have updated indicators with the latest available data. In addition, the Forum has worked to enhance the report by revising certain indicators to reflect improvements in the availability of data sources, substantive expansion of the indicator, or clarification of the concept being measured. This year's report reflects improved measurement of family reading behaviors with young children, updated lead exposure data based on the most recent CDC reference standard, display of both U.S. and international data for several education indicators, and updated diet quality trend data based on the most recent Dietary Guidelines for Americans.

Race and Ethnicity and Poverty Status

Most indicators in *America's Children* include data tabulated by race and ethnicity. In 1997, the Office of Management and Budget (OMB) issued revised standards for data on race and ethnicity (http://www.whitehouse.gov/

omb/fedreg/1997standards.html). The revised standards included two changes that had a direct effect on many of the indicators in this report, particularly with respect to trend analyses. First, the number of racial categories expanded from four (White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander) to five (White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander). Second, respondents were given the opportunity to select multiple races. The standards continued to require data on ethnicity in two categories: Hispanic or Latino and Not Hispanic or Latino.

The data sources used in this report implemented these revised standards at different times, and some indicators have more detailed data on race and ethnicity than others. Nevertheless, wherever feasible, we use the 1997 OMB standards in this report. Detailed information on data collection methods for race and ethnicity is provided in footnotes to each table, and additional information can be found in the Data Source Descriptions. The Forum strives to consistently report racial and ethnic data across indicators for clarity and continuity.

Many indicators in this report also include data tabulated by family income and poverty status. All poverty calculations in this report are based on OMB's Statistical Policy Directive 14, the official poverty measurement standard for the United States. A family is considered to be living below the poverty level if its before-tax cash income is below a defined level of need, called a poverty threshold. Poverty thresholds are updated annually and vary based on family size and composition. Wherever feasible, indicators present data by poverty status, using the following categories: families with incomes less than 100 percent of the poverty line, families with incomes between 100 and 199 percent of the poverty line (low income), and families with incomes 200 percent or more of the poverty line (medium and high income). The Forum continues to work on reporting consistent data on family income and poverty status across indicators for clarity and continuity.

Statistical Significanc

The Forum continues to strive to demonstrate greater consistency and standardization in the presentation of information in this report. Many estimates in this report are based on a sample of the population and are therefore subject to sampling error. Standard tests of statistical significance have been used to determine whether differences between populations exist at generally accepted levels of confidence or are likely to have occurred by chance. Differences between estimates are tested for statistical significance at either the 0.05 or 0.10 cutoff level, according to agency standards; all differences discussed in the report are statistically significant.

Indicators Needed

The Forum presents child well-being data in need of development at the end of each section of the report. The lists include many important aspects of children's lives for which regular indicators are lacking or are in development, such as early childhood development, long-term poverty, disability, and social connections and engagement.

In some areas, the Forum is exploring ways to collect new measures and improve existing ones. In others, Forum agencies have successfully fielded surveys incorporating some new measures, but data are not yet available on a regular basis for monitoring purposes.

For Further Information

There are several places to obtain more information on the indicators found in this report, including the tables, data source descriptions, and the Forum's Web site.

Tables

Appendix A, Detailed Tables, contains additional details not discussed in the main body of the report. When available, tables show data by the following categories: gender, age, race and Hispanic origin, poverty status, parental education, region of the country, and family structure.

Data Source Descriptions

Appendix B, Data Source Descriptions, contains information on the data used to generate the indicators and how to contact the agency responsible for the data.

It is also important to note that numerous publications of the Federal statistical agencies provide additional details about indicators in this report and on other areas of child well-being. Two such reports include *The Condition of Education* (http://www.nces.ed.gov/programs/coe), published annually by the National Center for Education Statistics and *Health, United States* (http://www.cdc.gov/nchs/hus.htm), published annually by the National Center for Health Statistics.

Web Site

Finally, the Forum's Web site, http://childstats.gov, contains data tables, links to previous reports, links for ordering reports, and additional information about the Forum.

Highlights

America's Children: Key National Indicators of Well-Being, 2013 continues a series of annual reports to the Nation on conditions affecting children in the United States. Highlights from each section follow.

Demographic Background

There were 73.7 million children ages 0–17 in the United States in 2012, accounting for almost 24 percent of the population.

Racial and ethnic diversity among America's children ages 0–17 continues to grow. By 2050, about half of the American population ages 0–17 is projected to be composed of children who are Hispanic, Asian, or of two or more races. Specifically, it is projected that 36 percent of the American population ages 0–17 will be Hispanic (up from 24 percent in 2012); 6 percent will be Asian (up from 5 percent in 2012); and 7 percent will be of two or more races (up from 4 percent in 2012).

Family and Social Environment

In 2012, 64 percent of children ages 0–17 lived with two married parents, down from 65 percent in 2011. Four percent of children lived with their own unmarried, cohabiting parents, 24 percent lived with only their mothers, 4 percent lived with only their fathers, and 4 percent lived with neither of their parents in 2012.

Among the 2.6 million children not living with either parent in 2012, about 55 percent lived with grandparents, 22 percent lived with other relatives, and 22 percent lived with nonrelatives.

There were 46 births for every 1,000 unmarried women ages 15–44 in 2011, down from 48 percent per 1,000 in 2010; 40.7 percent of all births were to unmarried women, a percentage which has remained quite stable since 2008.

Overall, the percentage of all children living in the United States with at least one foreign-born parent has risen from 15 percent in 1994 to 24 percent in 2012.

In 2011, the adolescent birth rate was 15 per 1,000 adolescents ages 15–17. The rate has fallen for four consecutive years, continuing a decline, briefly interrupted in 2005–2007, that began in 1991–1992.

The number of substantiated child maltreatment reports declined to just under 10 per 1,000 children ages 0–17 in 2011.

Economic Circumstances

In 2011, 22 percent of all children ages 0–17 (16.1 million) lived in poverty, which was not significantly different from the percentage in 2010.

The percentage of children who had at least one parent working year round, full time rose from 71 percent in 2010 to 73 percent in 2011.

Health Care

The percentage of children who had health insurance coverage at some point during the year was essentially unchanged at 91 percent in 2011. The number of children without health insurance at any point during 2011 was 7 million (9 percent of all children).

The percentage of children ages 0–17 who did not have a usual source of health care declined from 5 percent in 2010 to 4 percent in 2011.

Physical Environment and Safety

In 2011, about 66 percent of children lived in counties with measured air pollutant concentrations above the levels of one or more of the Primary National Ambient Air Quality Standard at least once during the year, compared with 67 percent in 2010.

The percentage of children ages 4–11 with any detectable level of blood cotinine, an indicator of recent exposure to secondhand smoke, declined from 53 percent in 2007–2008 to 42 percent in 2009–2010.

The percentage of U.S. households with children that had one or more of three housing problems—physically inadequate housing, crowded housing, or cost burden resulting from housing that costs more than 30 percent of household income—rose from 45 percent in 2009 to 46 percent in 2011.

Behavior

In 2012, about 2 percent of 8th-graders, 5 percent of 10th-graders, and 9 percent of 12th-graders reported smoking cigarettes daily in the past 30 days, the lowest reported percentages among these students in the history of the survey.

Binge drinking—consuming 5 or more alcoholic beverages in a row in the past 2 weeks—among 12th-graders rose from 22 percent in 2011 to 24 percent in 2012.

Education

The average National Assessment of Educational Progress (NAEP) mathematics scores for 4th- and 8th-graders were 1 point higher in 2011 than in 2009 and higher in 2011 than in all previous assessments.

The percentage of high school graduates who had completed Algebra II rose from 70 to 76 percent between 2005 and 2009.

In 2011, 91 percent of young adults ages 18–24 had completed high school, either with a diploma or with an alternative credential such as a General Educational Development (GED) certificate.

About two-thirds (68 percent) of high school completers enrolled immediately in a 2-year or 4-year college in 2011; this percentage is unchanged from 2010 but down from the percentage in 2009 (70 percent).

Health

The percentage of infants born preterm declined for the 5th straight year in 2011, to 11.7 percent, down from a high of 12.8 percent in 2006.

The infant mortality rate of 6.0 deaths per 1,000 live births in 2011 was not statistically different from the rate of 6.1 per 1,000 in 2010.

In 2007–2008, the average diet quality score for children ages 2–17 years was 50 out of a possible 100, and was not statistically different from 2003–2006.

In 2009–2010, 18 percent of children ages 6–17 were obese, which was not statistically different from the percentage in 2007–2008.

Special Feature: The Kindergarten Year

The kindergarten year marks a key transition in children's development. Even at kindergarten entry, children differ in their cognitive, socioemotional, and learning skills.

Three and a half million children entered kindergarten for the first time in the fall of 2010. Eighty-nine percent attended public kindergartens and 11 percent attended private ones. In addition, 55 percent of children had attended center-based care as a primary care arrangement in the year prior to kindergarten.

Females received higher scores than males on kindergarten entry assessments in reading and approaches to learning; however, there was no measurable difference in performance between males and females in mathematics and science.

Multiple differences in children's performance were observed among students in the various racial and ethnic groups. In most cases, Asian and White, non-Hispanic kindergartners had higher scores than their peers.

Reading, mathematics, science, and approaches to learning scores were lower for kindergartners in households with incomes below the federal poverty level and for those at 100–199 percent of the federal poverty level than for those in households with incomes at or above 200 percent of the federal poverty level.

America's Children at a Glance

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Demographic Background			
Child population*			
Children ages 0–17 in the United States	73.9 million (2011)	73.7 million (2012)	↓
Children as a percentage of the population*			
Children ages 0–17 in the United States	23.7% (2011)	23.5% (2012)	↓
Racial and ethnic composition*			
Children ages 0–17 by race and Hispanic origin**			
White, non-Hispanic	53.2% (2011)	52.8% (2012)	↓
Black, non-Hispanic	14.0% (2011)	13.9% (2012)	↓
American Indian or Alaska Native, non-Hispanic	0.9% (2011)	0.9% (2012)	NS
Asian, non-Hispanic	4.5% (2011)	4.6% (2012)	↑
Native Hawaiian or Other Pacific Islander, non-Hispanic	0.2% (2011)	0.2% (2012)	NS
Two or more races, non-Hispanic	3.8% (2011)	3.9% (2012)	↑
Hispanic	23.5% (2011)	23.9% (2012)	↑
Family and Social Environment			
Family structure and children's living arrangements			
Children ages 0–17 living with two married parents	65% (2011)	64% (2012)	↓
Births to unmarried women			
Births to unmarried women ages 15–44	48 per 1,000 (2010)	46 per 1,000 (2011)	↓
Births to unmarried women among all births	40.8% (2010)	40.7% (2011)	↓
Child care			
Children ages 0–4, with employed mothers, whose primary child care arrangement is with a relative	48% (2010)	49% (2011)	NS
Children, ages 3–6, not yet in kindergarten, who were in center-based care arrangements	57% (2005)	55% (2007)	NS
Children of at least one foreign-born parent			
Children ages 0–17 living with at least one foreign-born parent	23% (2011)	24% (2012)	↑
Language spoken at home and difficulty speaking English			
Children ages 5–17 who speak a language other than English at home	22% (2010)	22% (2011)	NS
Children ages 5–17 who speak a language other than English at home and who have difficulty speaking English	5% (2010)	5% (2011)	NS
Adolescent births			
Births to females ages 15–17	17 per 1,000 (2010)	15 per 1,000 (2011)	↓
Child maltreatment*			
Substantiated reports of maltreatment of children ages 0–17	10.0 per 1,000 (2010)	9.9 per 1,000 (2011)	↓

* Population estimates are not sample derived and thus not subject to statistical testing. Change between years identifies differences in the proportionate size of these estimates.

** Percentages may not sum to 100 due to rounding.

Legend: NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Economic Circumstances			
Child poverty and family income			
Children ages 0–17 in poverty	22% (2010)	22% (2011)	NS
Secure parental employment			
Children ages 0–17 living with at least one parent employed year round, full time	71% (2010)	73% (2011)	↑
Food insecurity			
Children ages 0–17 in households classified by USDA as "food insecure"	22% (2010)	22% (2011)	NS
Health Care			
Health insurance coverage			
Children ages 0–17 covered by health insurance at some time during the year	90% (2010)	91% (2011)	NS
Usual source of health care			
Children ages 0–17 with no usual source of health care	5% (2010)	4% (2011)	↓
Immunization			
Children ages 19–35 months with the 4:3:1:3:3:1 combined series	75% (2010)	78% (2011)	NS
Oral health			
Children ages 5–17 with a dental visit in the past year	85% (2010)	87% (2011)	↑
Physical Environment and Safety			
Outdoor air quality			
Children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards	67% (2010)	66% (2011)	NS
Environmental tobacco smoke			
Children ages 4–11 with any detectable blood cotinine level, a measure for recent exposure to secondhand smoke	53% (2007–2008)	42% (2009–2010)	↓
Drinking water quality			
Children served by community water systems that did not meet all applicable health-based drinking water standards	7% (2010)	5% (2011)	NS
Lead in the blood of children			
Children ages 1–5 with blood lead greater than or equal to 5 µg/dL	4% (2003–2006)	3% (2007–2010)	NS
Housing problems			
Households with children ages 0–17 reporting shelter cost burden, crowding, and/or physically inadequate housing	45% (2009)	46% (2011)	↑
Youth victims of serious violent crimes			
Serious violent crime victimization of youth ages 12–17	7 per 1,000 (2010)	8 per 1,000 (2011)	NS
Child injury and mortality			
Injury deaths of children ages 1–4	12 per 100,000 (2010)	11 per 100,000 (2011)	NS
Injury deaths of children ages 5–14	6 per 100,000 (2010)	6 per 100,000 (2011)	NS

Legend: NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Physical Environment and Safety—continued			
Adolescent injury and mortality			
Injury deaths of adolescents ages 15–19	37 per 100,000 (2010)	36 per 100,000 (2011)	NS
Behavior			
Regular cigarette smoking			
Students who reported smoking daily in the past 30 days			
8th grade	2% (2011)	2% (2012)	NS
10th grade	6% (2011)	5% (2012)	NS
12th grade	10% (2011)	9% (2012)	NS
Alcohol use			
Students who reported having 5 or more alcoholic beverages in a row in the past 2 weeks			
8th grade	6% (2011)	5% (2012)	↓
10th grade	15% (2011)	16% (2012)	NS
12th grade	22% (2011)	24% (2012)	↑
Illicit drug use			
Students who reported using illicit drugs in the past 30 days			
8th grade	9% (2011)	8% (2012)	NS
10th grade	19% (2011)	19% (2012)	NS
12th grade	25% (2011)	25% (2012)	NS
Sexual activity			
High school students who reported ever having had sexual intercourse	46% (2009)	47% (2011)	NS
Youth perpetrators of serious violent crimes			
Youth offenders ages 12–17 involved in serious violent crimes	9 per 1,000 (2010)	6 per 1,000 (2011)	NS
Education			
Family reading to young children			
Children ages 3–5 who were read to 3 or more times in the last week	86% (2005)	83% (2007)	NS
Mathematics and reading achievement			
Average mathematics scale score of			
4th-graders (0–500 scale)	240 (2009)	241 (2011)	↑
8th-graders (0–500 scale)	283 (2009)	284 (2011)	↑
12th-graders (0–300 scale)	150 (2005)	153 (2009)	↑
Average reading scale score of			
4th-graders (0–500 scale)	221 (2009)	221 (2011)	NS
8th-graders (0–500 scale)	264 (2009)	265 (2011)	↑
12th-graders (0–500 scale)	286 (2005)	288 (2009)	↑

Legend: NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Education—continued			
High school academic coursetaking			
High school graduates who completed selected mathematics and science courses			
Algebra II	70% (2005)	76% (2009)	↑
Biology and chemistry	64% (2005)	68% (2009)	↑
Analysis/precalculus	29% (2005)	35% (2009)	↑
Biology, chemistry, and physics	27% (2005)	30% (2009)	↑
High school completion			
Young adults ages 18–24 who have completed high school	90% (2010)	91% (2011)	NS
Youth neither enrolled in school* nor working			
Youth ages 16–19 who are neither enrolled in school nor working	8% (2011)	8% (2012)	NS
College enrollment			
Recent high school completers enrolled in college the October immediately after completing high school	68% (2010)	68% (2011)	NS
Health			
Preterm birth and low birthweight			
Infants less than 37 completed weeks of gestation at birth	12.0% (2010)	11.7% (2011)	↓
Infants weighing less than 5 lb. 8 oz. at birth	8.1% (2010)	8.1% (2011)	NS
Infant mortality			
Deaths before first birthday	6.1 per 1,000 (2010)	6.0 per 1,000 (2011)	NS
Emotional and behavioral difficulties			
Children ages 4–17 reported by a parent to have serious difficulties with emotions, concentration, behavior, or getting along with other people	6% (2010)	5% (2011)	NS
Adolescent depression			
Youth ages 12–17 with past-year Major Depressive Episode	8% (2010)	8% (2011)	NS
Activity limitation			
Children ages 5–17 with activity limitation resulting from one or more chronic health conditions	9% (2010)	9% (2011)	NS
Diet quality			
Average diet scores for children ages 2–17, expressed as a percentage of Federal diet quality standards	47% (2005–2006)	50% (2007–2008)	NS
Obesity			
Children ages 6–17 who are obese	19% (2007–2008)	18% (2009–2010)	NS
Asthma			
Children ages 0–17 who currently have asthma	9% (2010)	10% (2011)	NS

* School refers to high school and college.

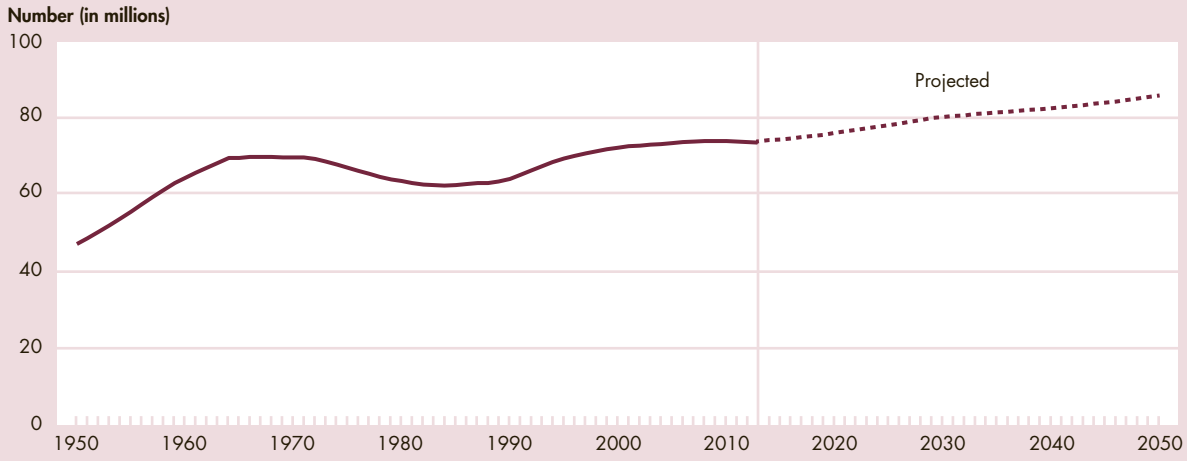
Legend: NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease

Demographic Background

Understanding the changing demographic characteristics of America's children is critical for shaping social programs and policies. The number of children determines the demand for schools, health care, and other social services that are essential for meeting the daily needs of families. While the number of children living in the United States has grown, the ratio of children to adults has decreased. At the same time, the racial and ethnic composition of the Nation's children continues to change. Demographic composition provides an important context for understanding the indicators presented in this report and provides a glimpse of what the future may be like for American families.

According to the U.S. Census Bureau, there were 74.1 million children in the United States on July 1, 2010, which was 1.7 million more than in 2000. This number is projected to increase to 80.3 million in 2030. In 2012 (the latest data available at time of publication), there were approximately equal numbers of children in two age groups: 0–5 (24.1 million) and 6–11 (24.5 million). There were slightly more children in the 12–17 age group (25.1 million).

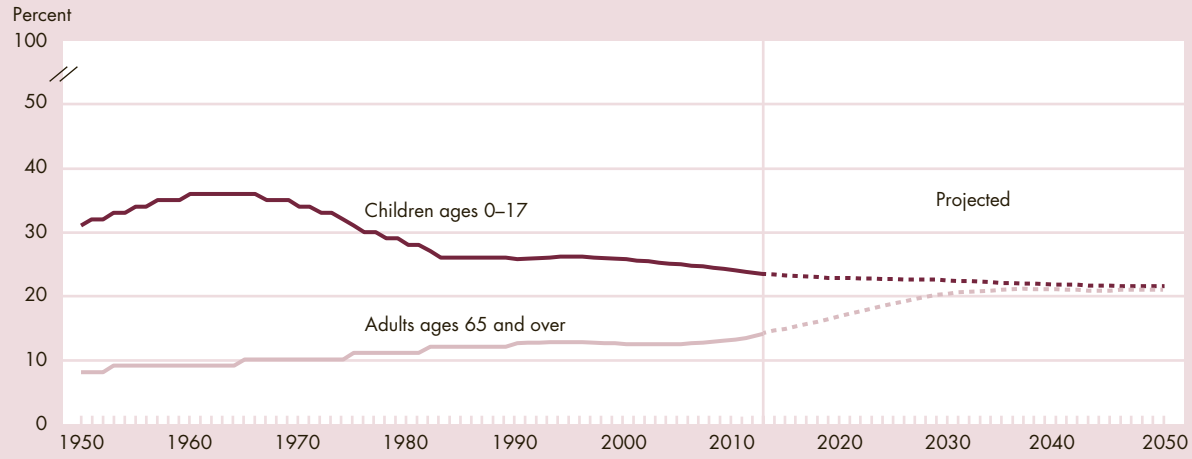
Indicator POP1 **Number of children ages 0–17 in the United States, 1950–2012 and projected 2013–2050**



SOURCE: U.S. Census Bureau, Population Division.

Since the mid-1960s, children have been decreasing as a proportion of the total U.S. population. In 2012, children made up 23 percent of the population, down from a peak of 36 percent at the end of the "baby boom" (1964). Children's share of the population is projected to continue its slow decline through 2050, when children are projected to make up 21 percent of the population.

Indicator POP2 **Children ages 0–17 and adults ages 65 and older as a percentage of the U.S. population, 1950–2012 and projected 2013–2050**



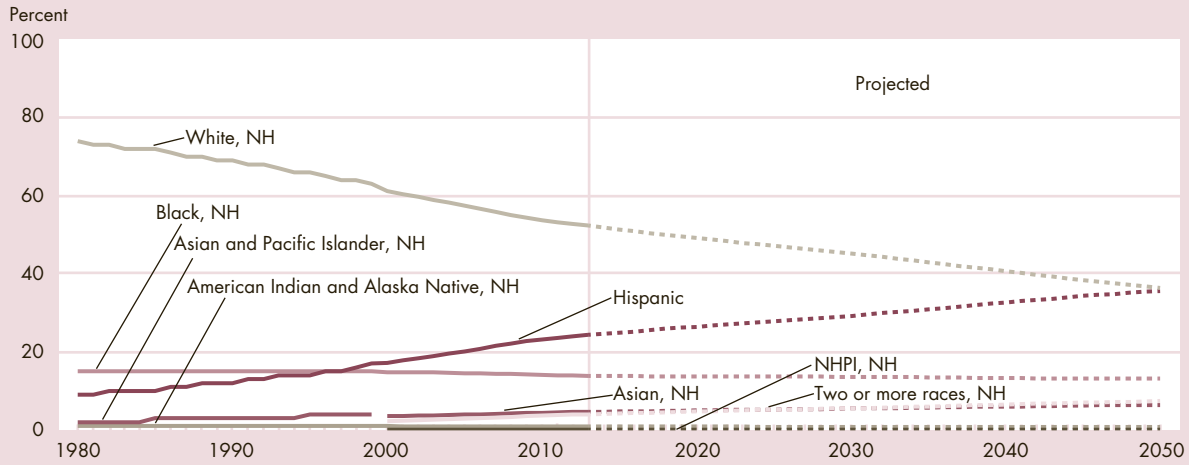
SOURCE: U.S. Census Bureau, Population Division.

Racial and ethnic diversity has grown dramatically in the United States in the last three decades. This growth was first noted among children. In 2012, 53 percent of U.S. children were White, non-Hispanic; 24 percent were Hispanic; 14 percent were Black, non-Hispanic; 5 percent were Asian, non-Hispanic; and 5 percent were non-Hispanic "All other races."

This population is projected to become even more diverse in the decades to come. Whereas the percentages of children in most of the other race and ethnic origin groups have declined, the percentage of children who are Hispanic has experienced substantial growth, increasing from 9 percent of the child population in 1980 to 24 percent in 2012. In 2019, fewer than half of all children are projected to be White, non-Hispanic. By 2050, 36 percent of U.S. children are projected to be Hispanic (up from 24 percent in 2012), and 36 percent are projected to be White, non-Hispanic (down from 53 percent in 2012).

Indicator POP3

Percentage of children ages 0–17 in the United States by race and Hispanic origin, 1980–2012 and projected 2013–2050



NOTE: The acronym NH refers to non-Hispanic origin. The acronym NHPI refers to the Native Hawaiian and Other Pacific Islander population. Each group represents the non-Hispanic population, with the exception of the Hispanic category itself. Race data from 2000 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race. Population projections are based on Census 2000 and may not be consistent with the 2010 Census results.

SOURCE: U.S. Census Bureau, Population Division.

Data can be found in Tables POP1–POP3 on pages 95–96.

Indicators of Children's Well-Being

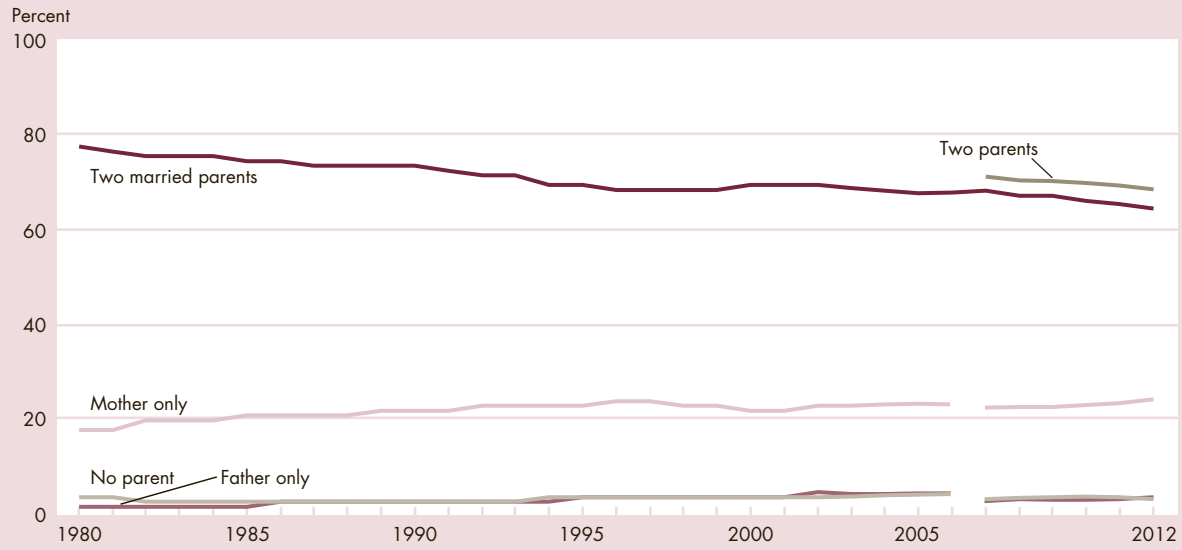
Family and Social Environment

The indicators in this section present data on the composition of children's families and the social environment in which they live. The seven indicators include family structure and children's living arrangements, births to unmarried women, child care, presence of a foreign-born parent, language spoken at home and difficulty speaking English, adolescent births, and child maltreatment.

Family Structure and Children's Living Arrangements

The composition of families is dynamic and has implications for critical parental and economic resources. A long-term shift in family composition has decreased the share of children living with two married parents, while single-parent households have become more common for children.

Indicator FAM1.A **Percentage of children ages 0–17 by presence of parents in household, 1980–2012**



NOTE: Data for 2012 exclude about 253,000 household residents under age 18 who were listed as family reference persons or spouses. Prior to 2007, a second parent could only be identified if they were married to the first parent on the survey record. Prior to 2007 children with two unmarried parents in the household may be identified as "mother only" or "father only." Starting in 2007, a second parent identifier permits identification of two coresident parents, even if the parents are not married to each other.

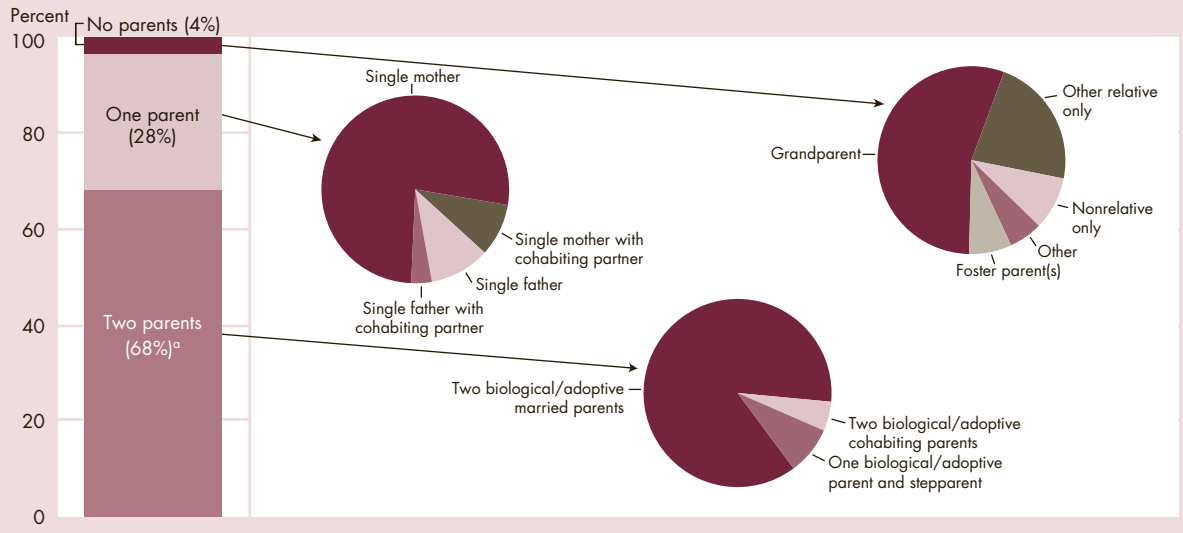
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements.

- Sixty-four percent of children ages 0–17 lived with two married parents in 2012, down from 77 percent in 1980.
- In 2012, 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.[1]
- Seventy-four percent of White, non-Hispanic, 59 percent of Hispanic, and 33 percent of Black children lived with two married parents in 2012.[2]
- The proportion of Hispanic children living with two married parents decreased from 75 percent in 1980 to 59 percent in 2012.
- Due to improved measurement, it is now possible to identify children living with two parents who are not married to each other. Four percent of all children lived with two unmarried parents in 2012.

For a detailed measure of living arrangements of children, see FAM1.B on page 3.

Although most children spend the majority of their childhood living with two parents, some children have other living arrangements. Information about the presence of parents and other adults in the household, such as unmarried partners, grandparents, and other relatives, is important for understanding children's social, economic, and developmental well-being.

Indicator FAM1.B **Percentage of children ages 0–17 living in various family arrangements, 2012**



[a] Includes children living with two stepparents.

NOTE: Data exclude the nearly 253,000 household residents under age 18 who were listed as family reference persons or spouses.

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

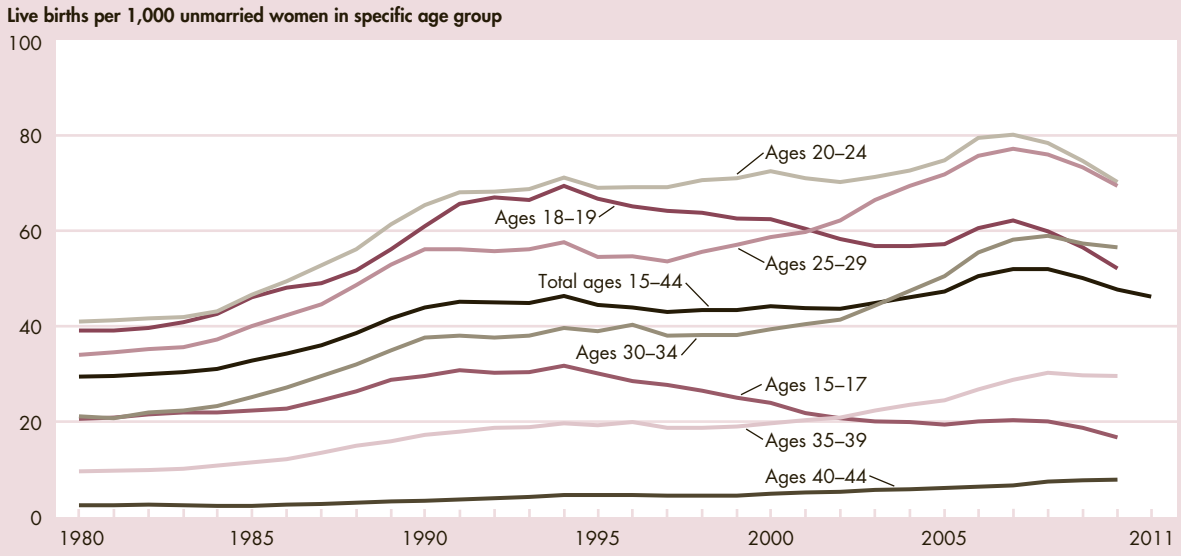
- Among children living with two parents, 92 percent lived with both of their biological or adoptive parents, and 8 percent lived with a biological or adoptive parent and a stepparent. About 70 percent of children in stepparent families lived with their biological mother and stepfather.[3]
- Six percent of children who lived with two biological or adoptive parents had parents who were not married.
- The majority of children living with one parent lived with their single mother. About 14 percent of children living with one parent lived with their single father.
- Some single parents had cohabiting partners. Twenty-six percent of children living with single fathers and 11 percent of children living with single mothers also lived with their parent's cohabiting partner. Out of all children ages 0–17, about 5.6 million (8 percent) lived with a parent or parents who were cohabiting.
- Among the 2.6 million children (4 percent of all children) not living with either parent in 2012, about 55 percent (1.5 million) lived with grandparents, 22 percent lived with other relatives only, and 22 percent lived with nonrelatives. Of children in nonrelatives' homes, 33 percent (193,000) lived with foster parents.
- Older children were less likely to live with two parents: 65 percent of children ages 15–17 lived with two parents, compared with 67 percent of children ages 6–14, and 72 percent of those ages 0–5. Among children living with two parents, older children were more likely to live with a stepparent and less likely to live with cohabiting parents.[3]

Bullets contain references to data that can be found in Tables FAM1.A and FAM1.B on pages 97–100. Endnotes begin on page 77.

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.[4] Children of unmarried mothers are at higher risk of adverse birth outcomes such as low birthweight and infant mortality than are children of married mothers. They are also more likely to live in poverty than children of married mothers.[5–9]

Indicator FAM2.A **Birth rates for unmarried women by age of mother, 1980–2011**

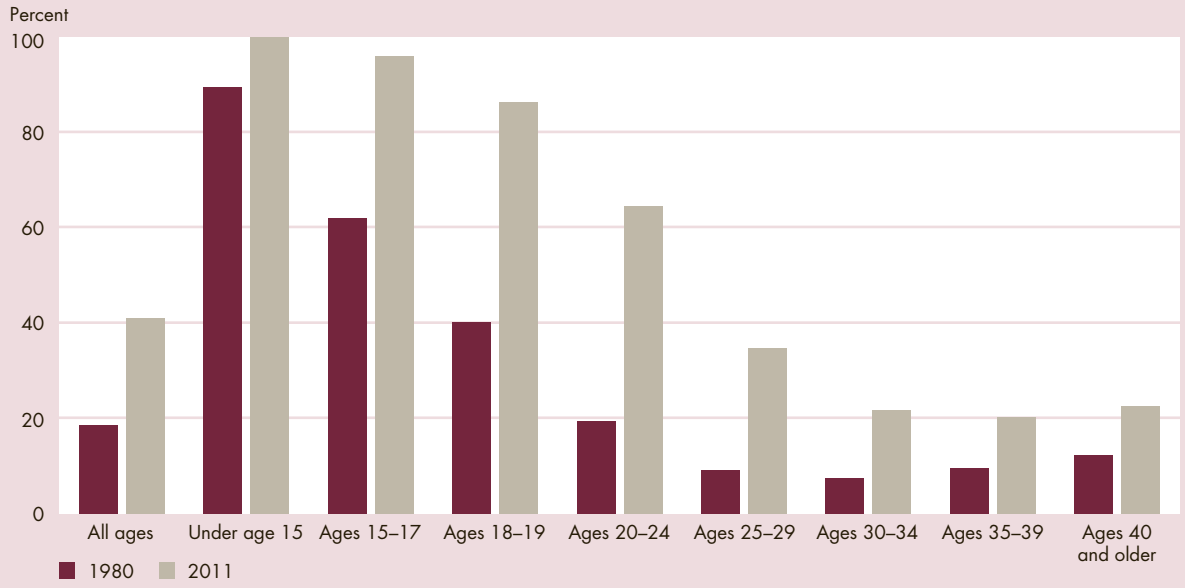


NOTE: The 2011 rates for total ages 15–44 are preliminary. Data for 2011 for specific age groups were not available at time of publication.
SOURCE: National Center for Health Statistics, National Vital Statistics System.

- There were 46 births for every 1,000 unmarried women ages 15–44 in 2011.[10]
- Between 1980 and 1994, the birth rate for unmarried women ages 15–44 increased from 29 per 1,000 to 46 per 1,000. Between 1995 and 2002, the rate fluctuated little, ranging from 43 per 1,000 to 44 per 1,000; from 2002 to 2008, however, the rate increased from 44 per 1,000 to 52 per 1,000, before declining to 46 per 1,000 in 2011.[8,10,11]
- Rates in 2010 remained highest for women ages 20–24 (70 per 1,000), followed closely by the rate for women ages 25–29 (69 per 1,000).[6,12]
- The birth rate among unmarried adolescents ages 15–19 declined between 1994 and 2005, increased in 2006 and 2007, and then decreased steadily until 2010. Among adolescent subgroups, the rate for adolescents ages 15–17 declined from 32 per 1,000 in 1994 to 19 in 2005 and has continued to decline from 2007 to 2010 (it was 17 in 2010). For adolescents ages 18–19, the birth rate declined from 1994 to 2003 and increased annually from 2004 to 2007; the rate declined from 2007 to 2010, when it was 52 per 1,000.[6]
- Birth rates for unmarried women in their twenties changed relatively little during the mid- to late 1990s. In the 2000s, for women ages 20–24, the rate rose from 70 per 1,000 in 2002 to 80 in 2007, and then declined to 70 in 2010. For women ages 25–29, the rate rose from 59 per 1,000 in 2000 to 77 in 2007 and then declined to 69 in 2010. Birth rates for unmarried women ages 30–34 increased steadily from the late 1990s through 2008 and then declined to 56 in 2010.[6]
- The proportion of women of childbearing age who were unmarried continued to rise to over half in 2011. However, nonmarital cohabitation has remained relatively unchanged: nearly 3 in 10 unmarried women ages 25–29 in 2006–2010 were in cohabiting relationships, unchanged from 2002.[13]

Children are at greater risk for adverse consequences when born to a single mother because the social, emotional, and financial resources available to the family may be limited.[5] The proportion of births to unmarried women is useful for understanding the extent to which children born in a given year may be affected by any disadvantage—social, financial, or health—associated with being born outside of marriage. The change in the percentage of births to unmarried women reflects both changes in the birth rate for unmarried women relative to the birth rate for married women and changes in the percentage of women of childbearing age who are unmarried.[14]

Indicator FAM2.B **Percentage of births to unmarried women by age of mother, 1980 and 2011**



NOTE: Data for 2011 are preliminary.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

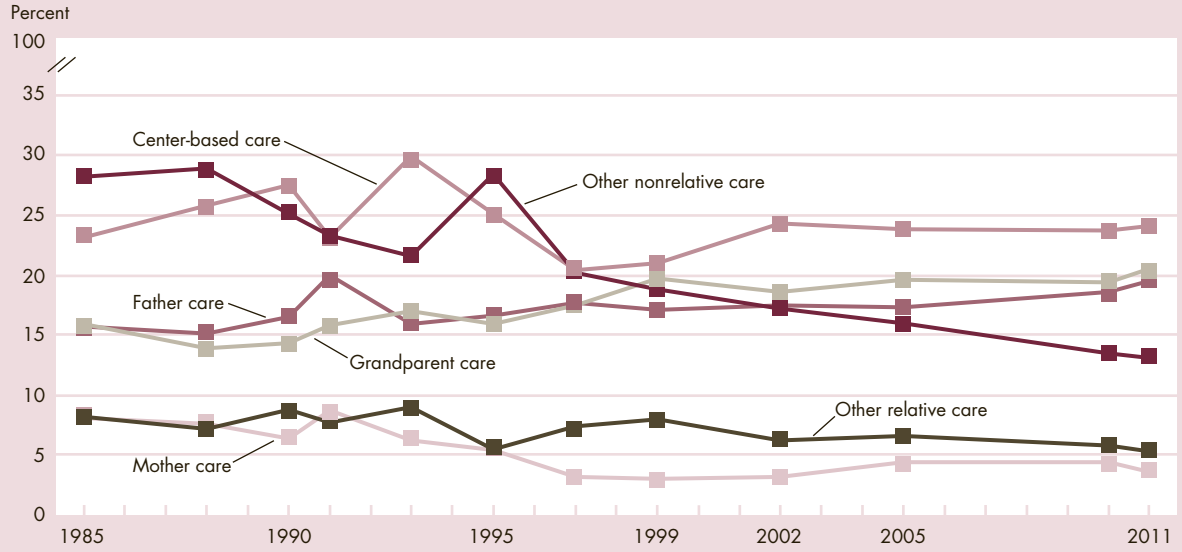
- The percentage of births to unmarried women among all births decreased from 40.8 percent in 2010 to 40.7 percent in 2011.[10]
- The percentage of all births to unmarried women rose from 18 percent of total births in 1980 to 33 percent in 1994. From 1994 to 2002, the percentage ranged from 32 to 34 percent. The percentage increased from 2002 through 2008 and remained stable at 41 percent through 2011.
- Between 1980 and 2011, the proportion of births to unmarried women rose for women in all age groups. Among adolescents, the proportion was high throughout the period and rose from 62 to 95 percent for ages 15–17 and from 40 to 86 percent for ages 18–19. The proportion more than tripled for births to unmarried women in their twenties, rising from 19 to 64 percent for ages 20–24 and from 9 to 34 percent for ages 25–29. The proportion of births to unmarried women in their thirties more than doubled, from 8 to 21 percent.[8,10,15]
- Nearly half of first births were to unmarried women in 2010. Almost three-fourths of births to women under age 25 having their first child were nonmarital.[16]
- The increases in the proportion of births to unmarried women, especially during the 1980s, were linked to increases in the birth rates for unmarried women in all age groups during this period. In addition, the number of unmarried women increased more rapidly than the number of married women, as women from the baby boom generation postponed marriage.[8,17]
- During the late 1990s, the rate of increase in the proportion of births to unmarried women slowed. The comparative stability was linked to a renewed rise in birth rates for married women.[8] From 2002 to 2007, the proportion of births to unmarried women grew, reflecting increases, especially among adult women ages 20 and older, in nonmarital birth rates concurrent with relatively little change in birth rates for married women.[12,16]

Bullets contain references to data that can be found in Tables FAM2.A and FAM2.B on pages 101–102. Endnotes begin on page 77.

Child Care

Many children spend time with a child care provider other than their parents. Two important measures of early childhood child care usage are a historical trend of the primary child care provider used by employed mothers for their young children and, from a different data source, overall use of different providers regardless of parents' work status.[18]

Indicator FAM3.A **Primary child care arrangements for children ages 0–4 with employed mothers, selected years 1985–2011[19]**



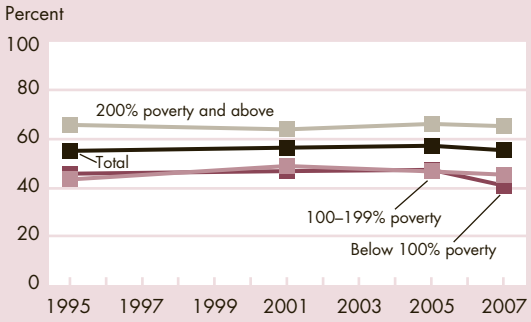
NOTE: The primary arrangement is the arrangement used for the most number of hours per week while the mother worked. Mother and father care both refer to care while the mother worked.

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

Indicator FAM3.A

- In 2011, 49 percent of children ages 0–4 with employed mothers were primarily cared for by a relative—their father, grandparent, sibling, other relative, or mother—while she worked. This is not statistically different from the percentages in 2010 and 2005. Twenty-four percent spent the most amount of time in a center-based arrangement (day care, nursery school, preschool, or Head Start). Thirteen percent were primarily cared for by a nonrelative in a home-based environment, such as care from a family day care provider, nanny, babysitter, or au pair.
- The rate of care by fathers was between 15 and 16 percent in 1985 and 1988, increased to 20 percent in 1991, and settled between 16 and 18 percent from 1993 to 2005. By 2011, the father-care rate was 19 percent.
- Among children in families in poverty in 2011, 18 percent were in center-based care as their primary arrangement, while 11 percent were with other relatives (relatives other than the mother, father, or grandparent). By comparison, more children in families at or above the poverty line were in center-based care (26 percent) than were cared for by other relatives (4 percent).

Indicator FAM3.B **Percentage of children ages 3–6, not yet in kindergarten, in center-based care arrangements by poverty level, selected years 1995–2007**

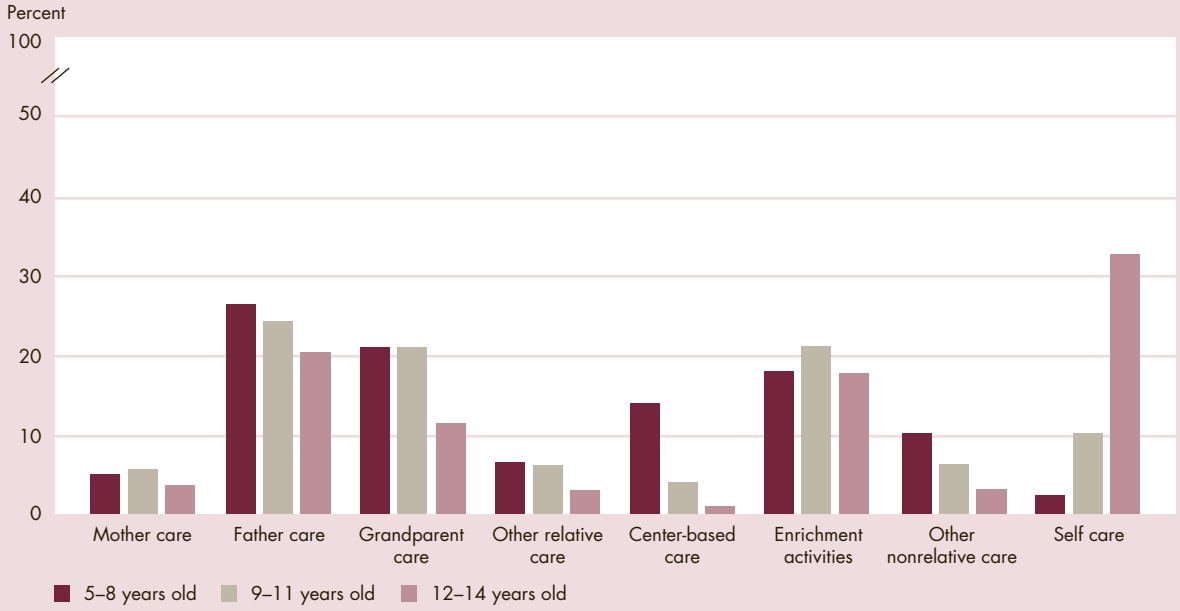


NOTE: Center-based programs included day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs.

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

School-age children may spend their weekday, nonschool time in child care arrangements, and also may engage in a variety of enrichment activities such as sports, arts, clubs, academic activities, religious activities, and community service. In addition, some children care for themselves without adult supervision for some time during the week.

Indicator FAM3.C **Child care arrangements for grade school children ages 5–14 with employed mothers, 2011**



NOTE: The number of children in all arrangements may exceed the total number of children due to the use of multiple arrangements. Mother and father care refer to care while the mother worked.

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

Indicator FAM3.B

- In 2007, about 55 percent of children ages 3–6, not yet in kindergarten, were enrolled in center-based care. This percentage was about the same as in 1995. A higher percentage of children ages 3–6, not yet in kindergarten, whose families had incomes at least twice the poverty level (65 percent) were enrolled in center-based care, compared with children from families with incomes 100–199 percent of the poverty level (45 percent) and children from families below 100 percent of the poverty level (41 percent).
- The percentages of children ages 3–6, not yet in kindergarten, who were enrolled in center-based care differed by race/ethnicity. A lower percentage of Hispanic children (39 percent) than White, non-Hispanic (58 percent), Black, non-Hispanic (65 percent), and Asian (64 percent) children were enrolled in center-based care.
- A higher percentage of children whose mothers had a bachelor's degree or higher were enrolled in center-based arrangements (71 percent), compared with children whose mothers had less than a high school diploma (29 percent), a high school diploma or its equivalent (43 percent), or some college (54 percent).

Indicator FAM3.C

- In 2011, grade school children ages 5–14 with employed mothers were less likely to be in center-based or other nonrelative care and more likely to be cared for by relatives.
- As children grow and mature, many parents allow them to spend some time in unsupervised situations. In 2011, older children were more likely to care for themselves than their younger counterparts: 2 percent of children ages 5–8, about 10 percent of children ages 9–11, and 33 percent of children ages 12–14 were regularly in self-care situations.

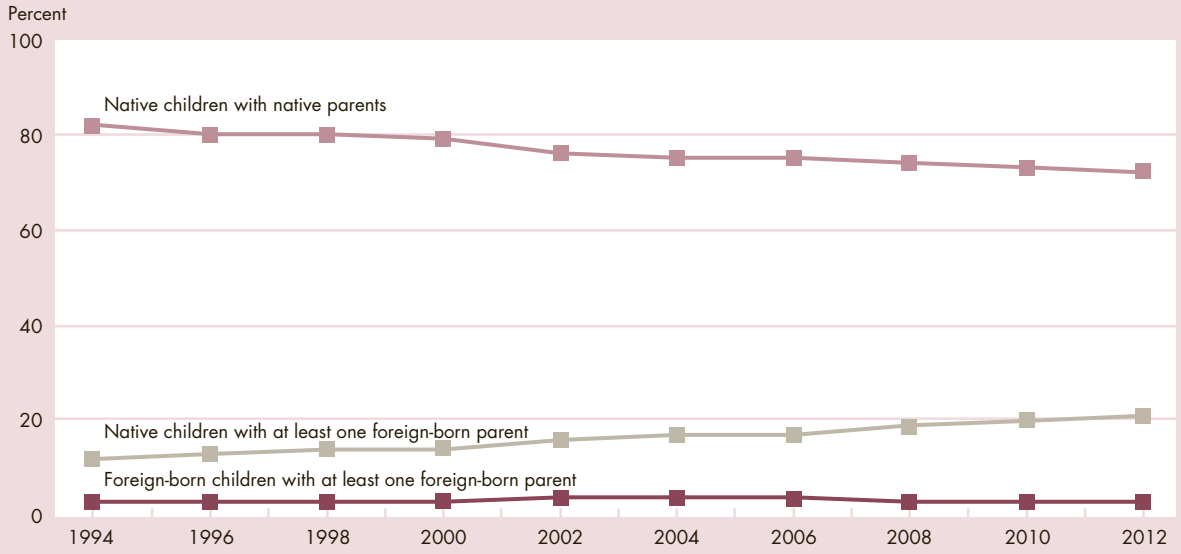
Bullets contain references to data that can be found in Tables FAM3.A–FAM3.C on pages 103–108. Endnotes begin on page 77.

Children of at Least One Foreign-Born Parent

The foreign-born population of the United States has grown since 1970. This increase in the past generation has largely been due to immigration from Latin America and Asia and has led to an expansion in the diversity of language and cultural backgrounds of children growing up in the United States.[20] As a result of potential language and cultural barriers confronting children and their foreign-born parents, these children may need additional language resources both at school and at home.[21]

Indicator FAM4

Percentage of children ages 0–17 by nativity of child and parents, selected years 1994–2012



NOTE: Data for 2012 exclude the nearly 253,000 household residents under age 18 who were listed as family reference persons or spouses. Children living in households with no parents present are not shown in this figure but are included in the bases for the percentages. Native parents means that all of the parents the child lives with are native born. Foreign-born means that one or both of the child's parents are foreign born. Anyone with U.S. citizenship at birth is considered native, which includes people born in the United States or in U.S. outlying areas and people born abroad with at least one American parent. Foreign-born children with native parents are included in the native children with native parents category. Prior to 2007, Current Population Survey (CPS) data identified only one parent on the child's record. This meant that a second parent could only be identified if he or she was married to the first parent. In 2007, a second parent identifier was added to the CPS. This permits identification of two coresident parents, even if the parents are not married to each other.

SOURCE: U.S. Census Bureau, Annual Social and Economic Supplements.

- In 2012, 21 percent of children were native children with at least one foreign-born parent, and 3 percent were foreign-born children with at least one foreign-born parent. Overall, the percentage of all children living in the United States with at least one foreign-born parent rose from 15 percent in 1994 to 24 percent in 2012.
- In 2012, 29 percent of foreign-born children with a foreign-born parent, 24 percent of native children with a foreign-born parent, and 6 percent of native children with native parents had a parent with less than a high school diploma or equivalent credential.[22]
- In 2012, 33 percent of foreign-born children with foreign-born parents lived below the poverty line, compared with 27 percent of native children with foreign-born parents and 19 percent of native children with native parents.
- Regardless of their own nativity status, children with a foreign-born parent more often lived in a household with two parents present than did children with no foreign-born parents. In 2012, about 82 percent of native children with a foreign-born parent lived with two parents, compared with 67 percent of native children with two native parents.

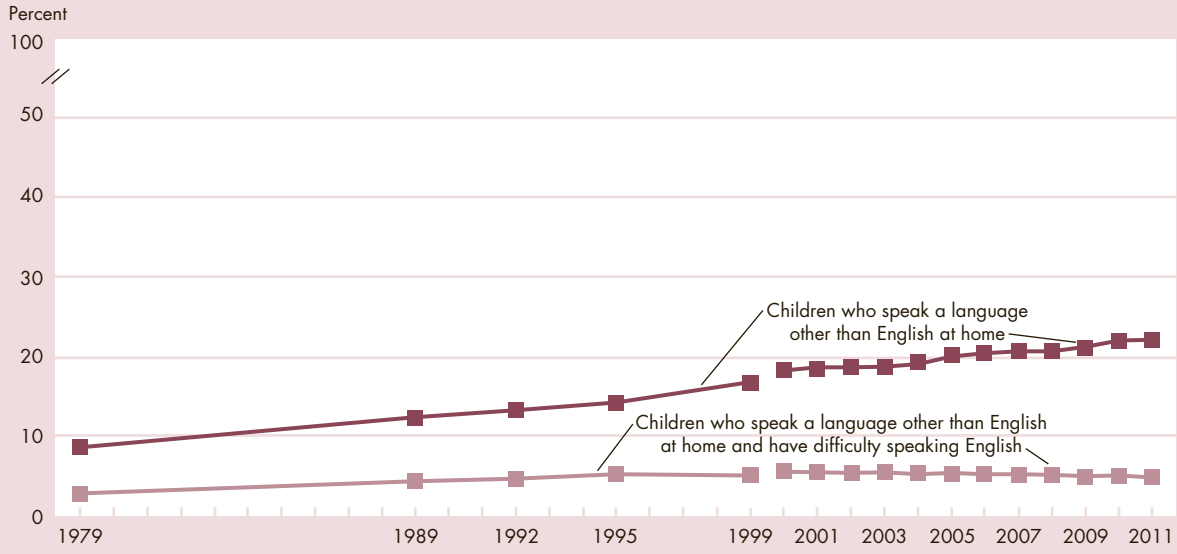
Bullets contain references to data that can be found in Table FAM4 on pages 109–111. Endnotes begin on page 77.

Language Spoken at Home and Difficulty Speaking English

Children who speak languages other than English at home and who also have difficulty speaking English[23] may face greater challenges progressing in school and in the labor market. Once it is determined that a student speaks another language, school officials must, by law, evaluate the child's facility with English and provide services such as special instruction to improve his or her English, if needed.

Indicator FAM5

Percentage of children ages 5–17 who speak a language other than English at home and who have difficulty speaking English, selected years 1979–2011



NOTE: Numbers from the 1995 and 1999 Current Population Survey (CPS) may reflect changes in the survey because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls to the 1990 Census-based estimates, with adjustments. A break is shown in the lines between 1999 and 2000 because data from 1979 to 1999 come from the CPS, while beginning in 2000 the data come from the American Community Survey (ACS). The questions were the same on the CPS and the ACS questionnaires.

SOURCE: U.S. Census Bureau, October (1992, 1995, and 1999) and November (1979 and 1989) Current Population Surveys, and 2000–2011 American Community Survey.

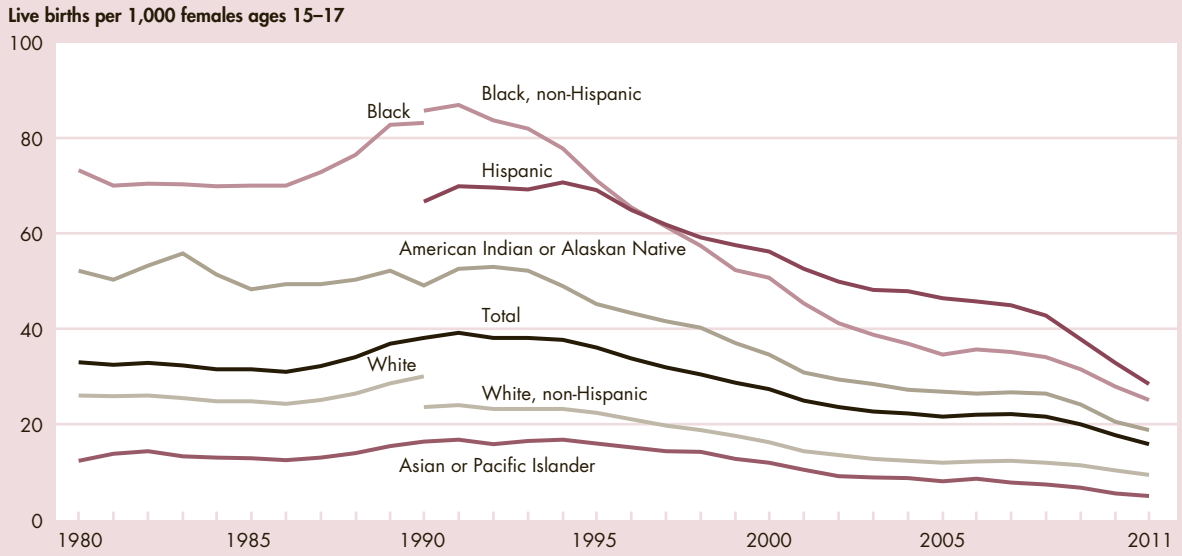
- In 2011, about 22 percent of school-age children spoke a language other than English at home, and 5 percent of school-age children both spoke a language other than English at home and had difficulty speaking English.
- The percentage of school-age children who spoke a language other than English at home varied by region of the country in 2011, from a low of 13 percent in the Midwest to a high of 34 percent in the West.
- In 2011, the percentage of school-age children who had difficulty speaking English also varied by region, from a low of 3 percent in the Midwest to a high of 7 percent in the West.
- Approximately 63 percent of school-age Asian children and 64 percent of school-age Hispanic children spoke a language other than English at home in 2011, compared with 6 percent of White, non-Hispanic and 6 percent of Black, non-Hispanic school-age children.[2]
- In 2011, some 16 percent of school-age Asian and 14 percent of school-age Hispanic children spoke another language at home and had difficulty speaking English, compared with about 1 percent of both White, non-Hispanic and Black, non-Hispanic school-age children.[24]
- About 5 percent of school-age children spoke a language other than English at home and lived in a linguistically isolated household in 2011. A linguistically isolated household is a household in which no one age 14 or over speaks English only or speaks a language other than English at home and speaks English "Very well."

Bullets contain references to data that can be found in Table FAM5 on pages 112–115. Endnotes begin on page 77.

Adolescent Births

Bearing a child during adolescence is often associated with long-term difficulties for the mother and her child. These consequences are often attributable to poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing.[25] Compared with babies born to older mothers, babies born to adolescent mothers, particularly younger adolescent mothers, are at higher risk of low birthweight and infant mortality.[6,8,9,26] They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation and they are less likely to earn high school diplomas. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce employment prospects and earnings potential.[27] The birth rate of adolescents under age 18 is a measure of particular interest because these mothers are still of school age.

Indicator FAM6 **Birth rates for females ages 15–17 by race and Hispanic origin, 1980–2011**



NOTE: Data for 2011 are preliminary. Race refers to mother's race. The 1977 Office of Management and Budget (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. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standard for race and ethnicity statistics, data from states reporting multiple races were bridged to the single-race categories of the 1977 OMB standards for comparability with other states and for trend analysis. Rates for 1980–1989 are not shown for Hispanics; White, non-Hispanics; or Black, non-Hispanics because information on Hispanic origin of the mother was not reported on birth certificates of most states and because population estimates by Hispanic ethnicity for the reporting states were not available. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

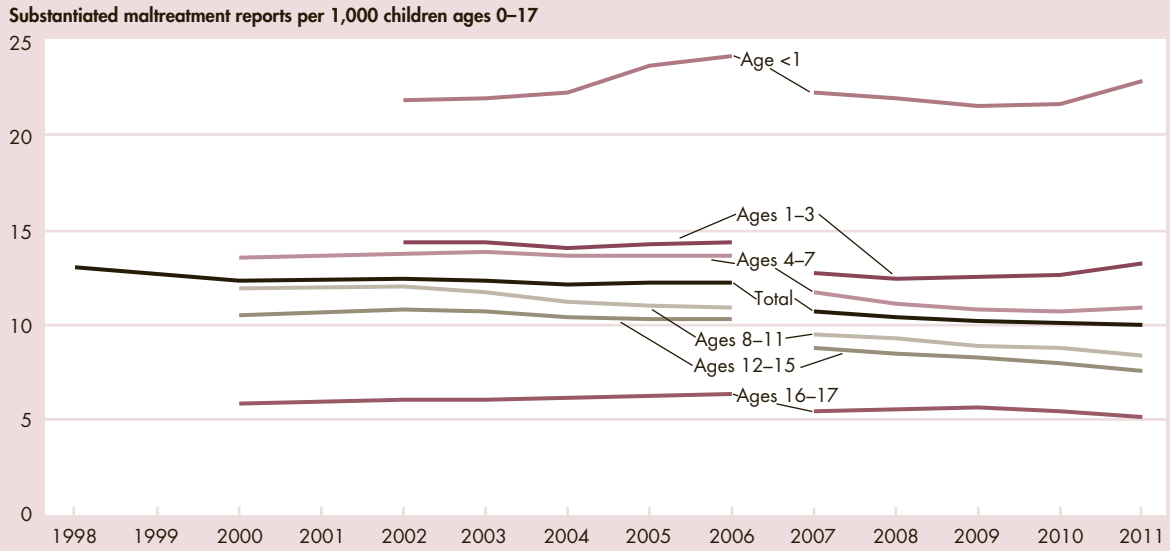
- In 2011, the adolescent birth rate was 15 per 1,000 adolescents ages 15–17. There were 95,554 births to these adolescents in 2011, according to preliminary data. The 2011 rate was lower than the 2010 rate of 17 per 1,000 and more than one-quarter lower than the 2007 rate of 22 per 1,000.
- The rate has fallen for four consecutive years, continuing a decline briefly interrupted in 2005–2007; the long-term decline began 1991–1992.[6,11,28] In 1991, the rate was 39, and it declined to 21 births per 1,000 in 2005.
- There remain substantial racial and ethnic disparities among the birth rates for adolescents ages 15–17. In 2011, the birth rate was 5 per 1,000 for Asians or Pacific Islanders, 9 for White, non-Hispanics, 18 for American Indians or Alaskan Natives, 25 for Black, non-Hispanics, and 28 for Hispanics.[10]
- The birth rates for Black, non-Hispanic, White, non-Hispanic, and Asian or Pacific Islander females ages 15–17 dropped by about half or more between 1991 and 2005, reversing the increase between 1986 and 1991. Declines in the rates for these groups stalled in 2005–2007, but they have since declined through 2011.[10,28]
- The birth rate for Hispanic adolescents fell from 1991 to 2011. The 2011 rate for Hispanic adolescents, 28 per 1,000, was the lowest ever reported since data became available in 1990, when the rate was 66 per 1,000.[10,11]
- In 2011, some 95 percent of births to females ages 15–17 were to unmarried mothers, compared with 62 percent in 1980 (see FAM2.B).
- The rates of first and second births for females ages 15–17 declined by one-half and nearly three-fourths, respectively, from 1991 to 2010.[6,11]

Bullets contain references to data that can be found in Table FAM6 on pages 116–117. Endnotes begin on page 77.

Child Maltreatment

Child maltreatment includes physical, sexual, and psychological abuse, as well as neglect (including medical neglect). Maltreatment in general is associated with a number of negative outcomes for children, including lower school achievement, juvenile delinquency, substance abuse, and mental health problems.[29] Certain types of maltreatment can result in long-term physical, social, and emotional problems, and even death. For example, "shaken baby syndrome" can result in mental retardation, cerebral palsy, or paralysis. Child maltreatment includes both fatal and nonfatal maltreatment.

Indicator FAM7 **Rate of substantiated maltreatment reports of children ages 0–17 by age, 1998–2011**



NOTE: The count of child victims is based on the number of investigations by Child Protective Services that found the child to be a victim of one or more types of maltreatment. The count of victims is, therefore, a report-based count and a "duplicated count," since an individual child may have been maltreated more than once. The number of states reporting varies from year to year. States vary in their definition of abuse and neglect. Data since 2007 are not directly comparable with prior years as differences may be partially attributed to changes in one state's procedures for determination of maltreatment.

SOURCE: Administration for Children and Families, National Child Abuse and Neglect Data System.

- In 2011, the rate of substantiated reports of child maltreatment was 10 per 1,000 children ages 0–17. This represents a decrease since 2007, when the rate was approximately 11 reports per 1,000 children ages 0–17.[30]
- Younger children are more frequently victims of child maltreatment than are older children. In 2011, there were 23 substantiated child maltreatment reports per 1,000 children under age 1, compared with 13 reports for children ages 1–3, 11 for children ages 4–7, 8 for children ages 8–11, 8 for children ages 12–15, and 5 for adolescents ages 16–17.
- Higher rates of maltreatment were reported for girls than boys (10 reports per 1,000 for females vs. 9 for males).
- While neglect is the most common type of maltreatment across all age groups, types of maltreatment vary by age. In 2011, about 81 percent of substantiated child maltreatment reports for children ages 0–3 involved neglect, compared with 63 percent for adolescents ages 16–17. Twenty-one percent of substantiated reports for adolescents ages 16–17 involved physical abuse and 17 percent involved sexual abuse. Among substantiated reports for children ages 0–3, some 14 percent involved physical abuse and 2 percent involved sexual abuse.
- In 2011, Black, non-Hispanic children had the highest rates of substantiated child maltreatment reports (15 reports per 1,000 children), followed by American Indian or Alaska Native children (12), children of two or more races (11), Hispanic children (9), White, non-Hispanic children (9), Native Hawaiian or Other Pacific Islander children (9), and Asian children (2).

Bullets contain references to data that can be found in Tables FAM7.A and FAM7.B on pages 118–119. Endnotes begin on page 77.

Indicators Needed

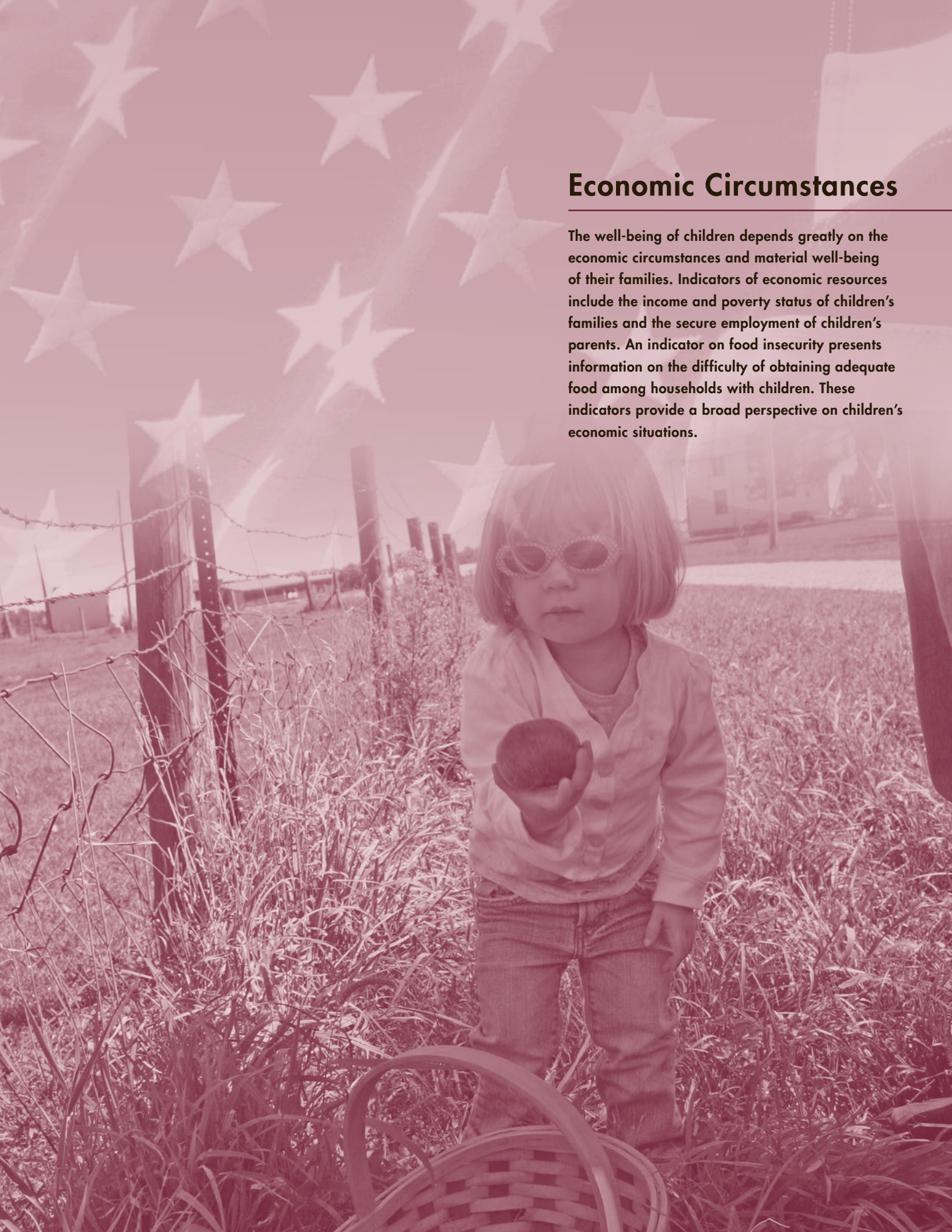
Family and Social Environment

While many surveys provide detailed information on children's families, caregivers, and social environments, the continually changing nature of social life creates many new variations and forms of family and living arrangements that cannot currently be adequately addressed with large national omnibus surveys. More detailed data are needed on the following topics:

- *Family structure.* Increasing the detail of information collected about family structure and improving the measurement of cohabitation and family dynamics were among the key suggestions for improvement emerging from two "Counting Couples" workshops cosponsored by the Forum in 2001 and 2003. In 2010, the Office of Management and Budget established an Interagency work group, Measuring Relationships in Federal Household Surveys (MRFHS), to examine the current practices of the Federal agencies for collecting, editing, and reporting data on relationships and marriage, with special focus on statistical surveys that are widely used. Its recommendations are being used to implement changes to survey questions that will help to capture and describe children's increasingly complex family configurations and living arrangements.
- *Time use.* Currently, some Federal surveys collect information on the amount of time children spend on certain activities such as watching television and on participation rates in specific activities or care arrangements, but no regular Federal data source examines time spent on the whole spectrum of children's activities. In 2003, the U.S. Bureau of Labor Statistics began the American Time Use Survey (ATUS), which measures the amount of time people spend doing various activities, such as paid work, childcare, volunteering, and socializing. The survey includes responses from persons ages 15 and older. Since the numbers of observations for older youth are small, the data cannot be published separately for each year. ATUS data may be included in future *America's Children* reports as a regular indicator as more years of data become available. Forum agencies continue to be interested in the inclusion of time use questions for youth in other surveys, as appropriate.
- *Social connections and engagement.* The formation of close attachments to family, peers, school, and community have been linked to healthy youth development in numerous research studies. Additional research needs to be conducted to strengthen our understanding of how these relationships promote healthy development and protect youth from risks that, in turn, affect later life success. We currently lack regular indicators on aspects of healthy development, such as relationships with parents and peers, connections to teachers and school engagement, resilience when confronted with difficulties, and civic or community involvement.

Economic Circumstances

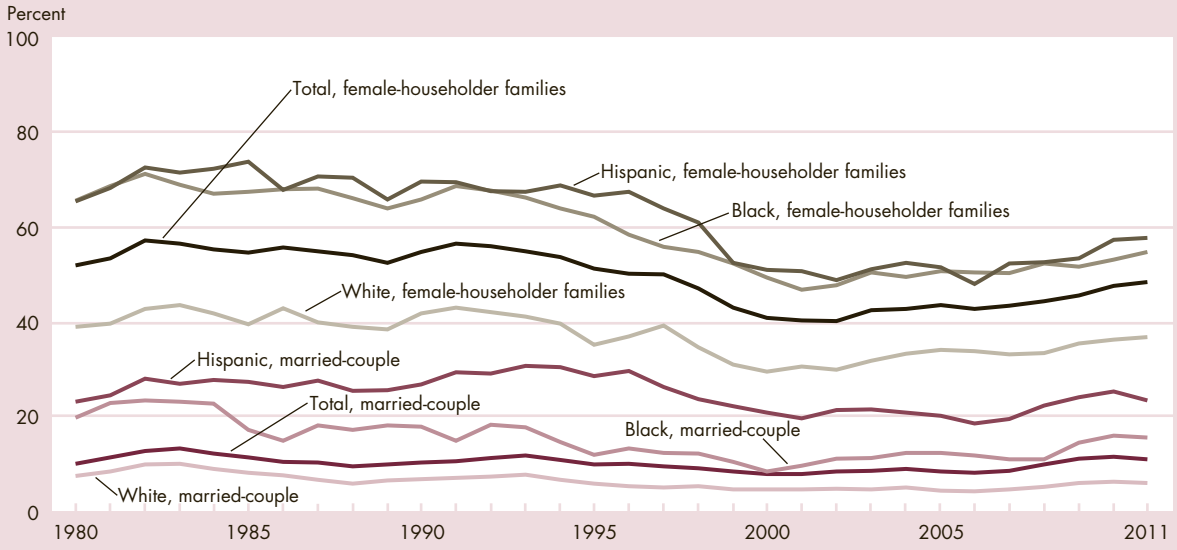
The well-being of children depends greatly on the economic circumstances and material well-being of their families. Indicators of economic resources include the income and poverty status of children's families and the secure employment of children's parents. An indicator on food insecurity presents information on the difficulty of obtaining adequate food among households with children. These indicators provide a broad perspective on children's economic situations.



Child Poverty

Children living in poverty are vulnerable to environmental, educational, health, and safety risks. Compared with their peers, children living in poverty, especially young children, are more likely to have cognitive, behavioral, and socioemotional difficulties. Throughout their lifetimes they are more likely to complete fewer years of school and experience more years of unemployment.[31,32,33] These indicators are based on the official poverty measure for the United States as defined in Office of Management and Budget Statistical Policy Directive 14.[34]

Indicator ECON1.A **Percentage of children ages 0–17 living in poverty by race, Hispanic origin, and family structure, 1980–2011**



NOTE: In 2011, the poverty threshold for a two-parent, two-child family was $22,811. The proportion of children in male-householder families (no spouse present) historically has been small. Select data for this group are available as part of detailed tables at http://www.census.gov/hhes/www/poverty/data/index.html.

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

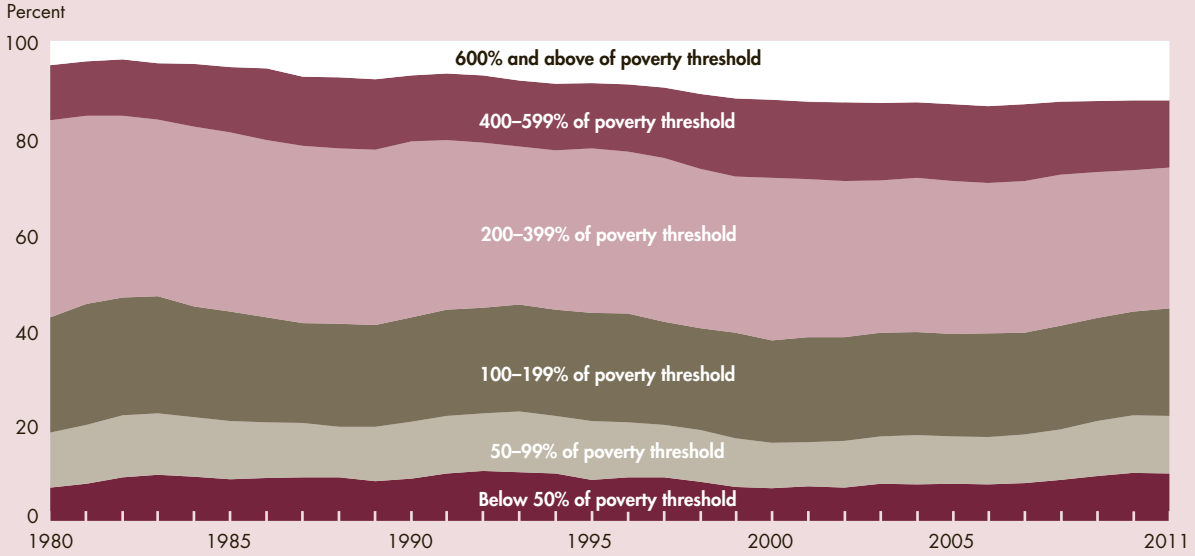
- Twenty-two percent of all children ages 0–17 (16.1 million) lived in poverty in 2011, which was not statistically different from 2010 but higher than the 16 percent of all children in 2001.
- The poverty rate was much higher for Black, non-Hispanic and for Hispanic children than for White, non-Hispanic children.[2] Thirteen percent of White, non-Hispanic children lived in poverty in 2011, compared with 39 percent of Black, non-Hispanic children and 34 percent of Hispanic children.
- Children in married-couple families were much less likely to be living in poverty than children living in female-householder families (no spouse present). Eleven percent of children in married-couple families were living in poverty in 2011, compared with 48 percent in female-householder families.
- Children ages 0–5 were more likely to be living in families with incomes below the poverty line than those ages 6–17. Twenty-five percent of children ages 0–5 lived in poverty in 2011, compared with 20 percent of older children.
- Ten percent of children lived in families with incomes below 50 percent of the poverty threshold in 2011. Nineteen percent of Black, non-Hispanic children, 15 percent of Hispanic children, and 6 percent of White, non-Hispanic children lived in families with incomes below one-half of the poverty threshold in 2011.

Income Distribution

Children's family income distribution provides a broader picture of children's economic circumstances.

Indicator ECON1.B

Percentage of children ages 0–17 by family income relative to the poverty line, 1980–2011



NOTE: The graph shows income categories derived from the ratio of a family's income to the family's poverty threshold. In 2011, the poverty threshold for a family of four with two children was $22,811. For example, a family of four with two children would be living below 50 percent of the poverty threshold if their income was less than $11,406 (50 percent of $22,811). If the same family's income was at least $22,811 but less than $45,622 the family would be living at 100–199 percent of the poverty threshold.

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

- In 2011, more children lived in families with medium income (29 percent) than in families in any other income group. The percentages of children in low- and high-income families were 22 and 26 percent, respectively.
- The percentage of children living in families with medium income was lower in 2011 (29 percent) than in 1990 (37 percent). At the same time, the percentage of children living in families with high income was greater in 2011 (26 percent) than in 1990 (21 percent).
- The percentage of children living in families in extreme poverty rose to 10 percent in 1992, decreased to 7 percent in 1999, and was back at 10 percent in 2011. The percentage of children who lived in families with very high incomes (600 percent or more of the poverty threshold) has nearly doubled, from 7 percent in 1991 to 12 percent in 2011.

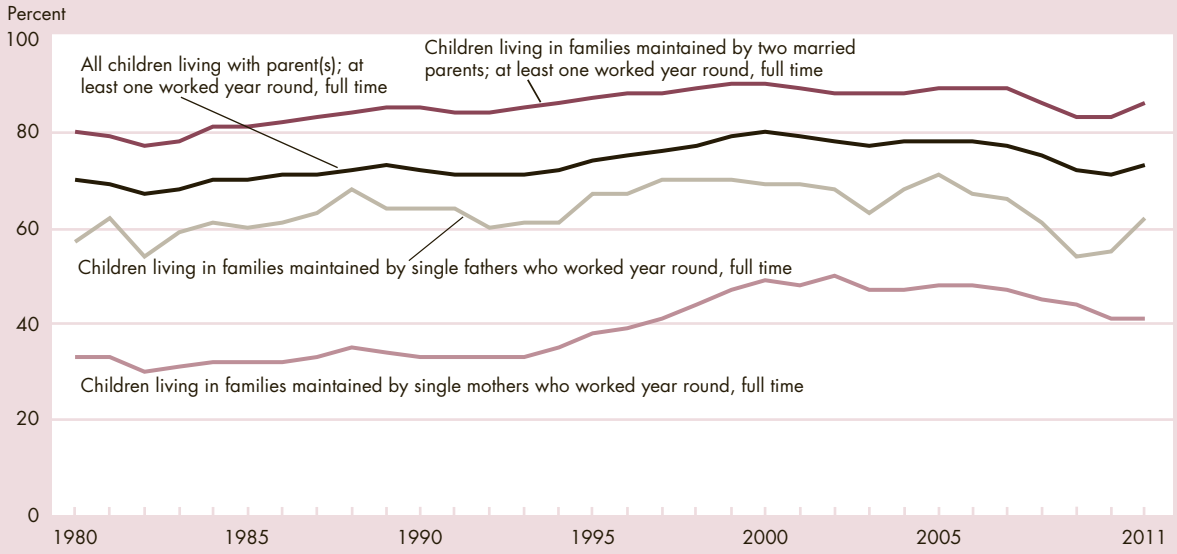
Bullets contain references to data that can be found in Tables ECON1.A and ECON1.B on pages 120–123. Endnotes begin on page 77.

Secure Parental Employment

Secure parental employment reduces the incidence of poverty and its attendant risks to children. Secure parental employment is associated with higher family income and greater access to private health insurance.[35] By reducing stress and other negative effects that low levels of family income have on parents, secure parental employment may also enhance children's social and emotional development and improve family functioning.[36] One measure of secure parental employment is the percentage of children whose resident parent or parents were employed full time throughout a given year.

Indicator ECON2

Percentage of children ages 0–17 living with at least one parent employed year round, full time by family structure, 1980–2011



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

- The percentage of children who had at least one parent working year round, full time increased to 73 percent in 2011, from 71 percent in 2010.
- In 2011, about 86 percent of children living in families maintained by two married parents had at least one parent who worked year round, full time. In contrast, 62 percent of children living in families maintained by a single father and 41 percent of children living in families maintained by a single mother had a parent who worked year round, full time.
- Among all children living with parents, those living in poverty were much less likely to have a parent working year round, full time than those living at or above the poverty line (27 and 85 percent, respectively, in 2011).
- In 2011, about 48 percent of children living in families maintained by two married parents who were living below the poverty line had at least one parent working year round, full time, compared with 90 percent of children living at or above the poverty line.
- Black, non-Hispanic children and Hispanic children were less likely than White, non-Hispanic children to have a parent working year round, full time. About 65 percent of Hispanic children and 56 percent of Black, non-Hispanic children lived in families with secure parental employment in 2011, compared with 79 percent of White, non-Hispanic children.

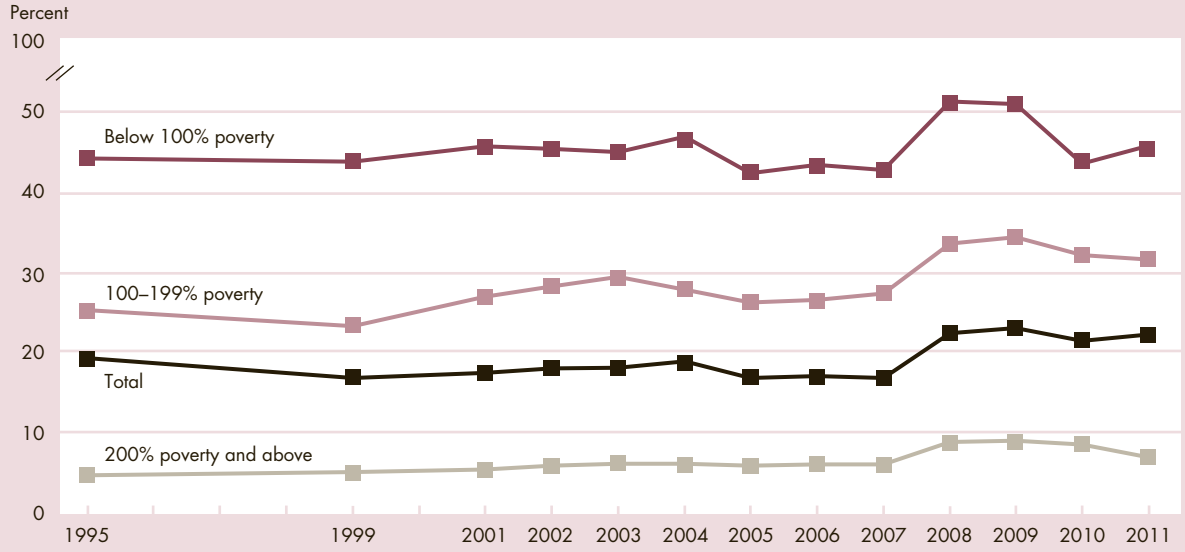
Bullets contain references to data that can be found in Table ECON2 on pages 124–125. Endnotes begin on page 77.

Food Insecurity

A family's ability to provide for its children's nutritional needs is linked to the family's food security—that is, to its access at all times to adequate food for an active, healthy life for all household members.[37] The food security status of households is based on self-reports of difficulty in obtaining enough food, reduced food intake, reduced diet quality, and anxiety about an adequate food supply. In some households classified as food insecure, only adults' diets and food intakes were affected, but in a majority of such households, children's eating patterns were also disrupted to some extent, and the quality and variety of their diets were adversely affected.[38] In a subset of food-insecure households—those classified as having very low food security among children—a parent or guardian reported that at some time during the year one or more children were hungry, skipped a meal, or did not eat for a whole day because the household could not afford enough food.[39]

Indicator ECON3

Percentage of children ages 0–17 in food-insecure households by poverty status, selected years 1995–2011



NOTE: Food-insecure households are those in which either adults or children or both were "food insecure," meaning that, at times, they were unable to acquire adequate food for active, healthy living because the household had insufficient money and other resources for food. Statistics for 1996–1998 and 2000 are omitted because they are not directly comparable with those for other years.

SOURCE: U.S. Census Bureau, Current Population Survey Food Security Supplement; tabulated by Department of Agriculture, Economic Research Service and Food and Nutrition Service.

- About 16.7 million children (22 percent of all children) lived in households that were classified as food insecure in 2011.[40] About 845,000 of these children (1 percent of all children) lived in households classified as having very low food security among children.
- The percentage of children living in food-insecure households in 2011 was essentially unchanged from 2010 (22 percent) and remained higher than the 17 percent observed in 2007. The percentage of children living in households with very low food security among children did not change significantly between 2010 and 2011 (1.3 and 1.1 percent, respectively).
- In 2011, the percentages of children living in food-insecure households were substantially above the national average of 22 percent for the following groups: those living in households with incomes below the Federal poverty threshold (46 percent), Black, non-Hispanics (32 percent), Hispanics (35 percent), those whose parents or guardians lacked a high school diploma or General Educational Development (GED) certificate (43 percent), and those living with a single mother (40 percent).

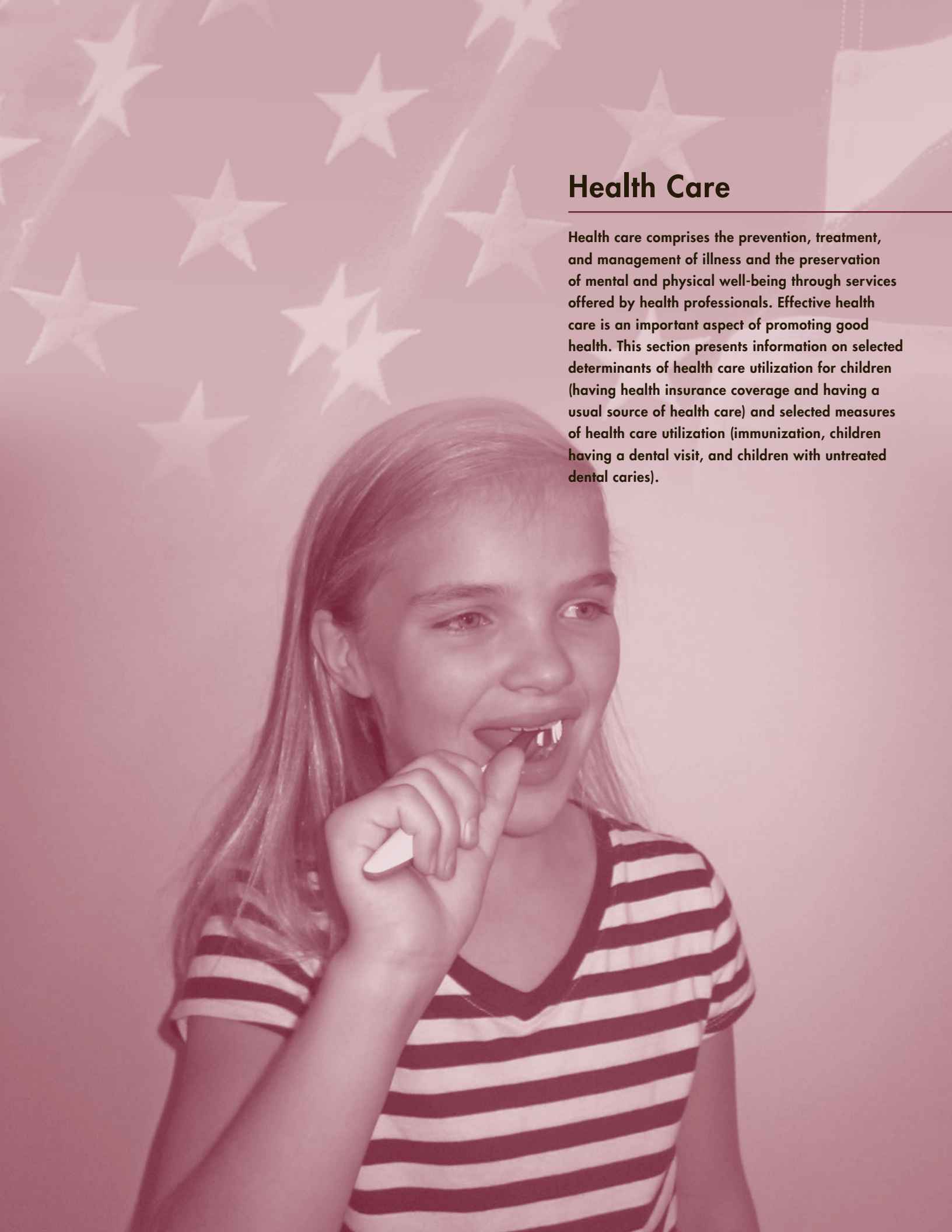
Bullets contain references to data that can be found in Table ECON3 on pages 126–127. Endnotes begin on page 77.

Indicators Needed

Economic Circumstances

Economic security is multifaceted; therefore, multiple measures are needed to adequately represent it. While this year's report continues to provide information on economic and food security, additional indicators are needed on:

- *Economic well-being.* Economic well-being over time needs to be anchored in an average standard of living context. Multiple measures of family income or consumption, some of which might incorporate estimates of various family assets, could produce more reliable estimates of changes in children's economic well-being over time.
- *Long-term poverty among families with children.* Although Federal data are available on child poverty (see Indicators ECON1.A and ECON1.B, Child Poverty and Family Income), the surveys that collect these data do not capture information on long-term poverty. Existing longitudinal survey data are available for identifying children living in poverty continually for a period of time and for producing estimates of the duration of poverty. However, those data are not available on a regular basis. The U.S. Census Bureau currently has longitudinal estimates of poverty for the 2004 to 2006 period based on the Survey of Income and Program Participation (SIPP) 2004 Panel. Estimates from the 2008 Panel of SIPP, covering the period 2009 to 2011, will be available later this year. Since long-term poverty can have serious negative consequences for children's well-being, regularly collected and reported estimates are needed.



Health Care

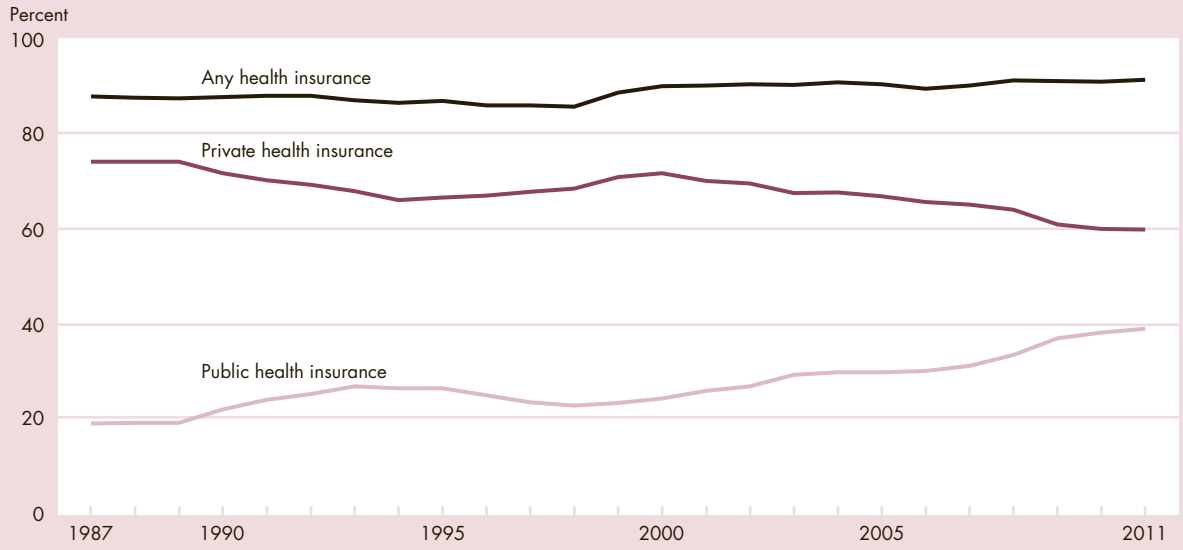
Health care comprises the prevention, treatment, and management of illness and the preservation of mental and physical well-being through services offered by health professionals. Effective health care is an important aspect of promoting good health. This section presents information on selected determinants of health care utilization for children (having health insurance coverage and having a usual source of health care) and selected measures of health care utilization (immunization, children having a dental visit, and children with untreated dental caries).

Health Insurance Coverage

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

Indicator HC1

Percentage of children ages 0–17 covered by health insurance at some time during the year by type of health insurance, 1987–2011



NOTE: Public health insurance for children consists primarily of Medicaid, but also includes Medicare, Children's Health Insurance Programs (CHIP), and Tricare, the health benefit program for members of the armed forces and their dependents. Estimates beginning in 1999 include follow-up questions to verify health insurance status. Children are considered to be covered by health insurance if they had public or private coverage any time during the year. The data from 1996 to 1999 have been revised since initially published. For more information, see http://www.census.gov/hhes/www/hlthins/data/usernote/index.html. The data for 1999 through 2009 were revised to reflect the results of enhancements to the editing process. See http://www.census.gov/hhes/www/hlthins/data/usernote/index.html. Implementation of Census 2010-based population controls began in 2010.

SOURCE: U.S. Census Bureau, unpublished tables from the Current Population Survey, Annual Social and Economic Supplements.

- In 2011, about 91 percent of children had health insurance coverage at some point during the year, which was not statistically different from the percentage in 2010. In each year since 1987, between 85 and 91 percent of children had health insurance.
- The number of children without health insurance at any time during 2011 was 7 million (9 percent of all children).[41]
- In 2011, approximately 59 percent of children were covered by private health insurance at some time during the year, and 39 percent were covered by public health insurance at some time during the year (both estimates include the children covered by both public and private insurance at some time during the year; hence, the estimates sum to more than the estimated 91 percent of children with coverage).
- Hispanic children were less likely to have health insurance, compared with White, non-Hispanic or Black children. In 2011, about 85 percent of Hispanic children were covered at some time during the year by health insurance, compared with 93 percent of White, non-Hispanic children and 90 percent of Black children.[2]
- The type of insurance varied by the age of the child: younger children were more likely to have public health insurance than older children, while older children were more likely to have private health insurance than younger children. The percent of children covered by public health insurance has increased.

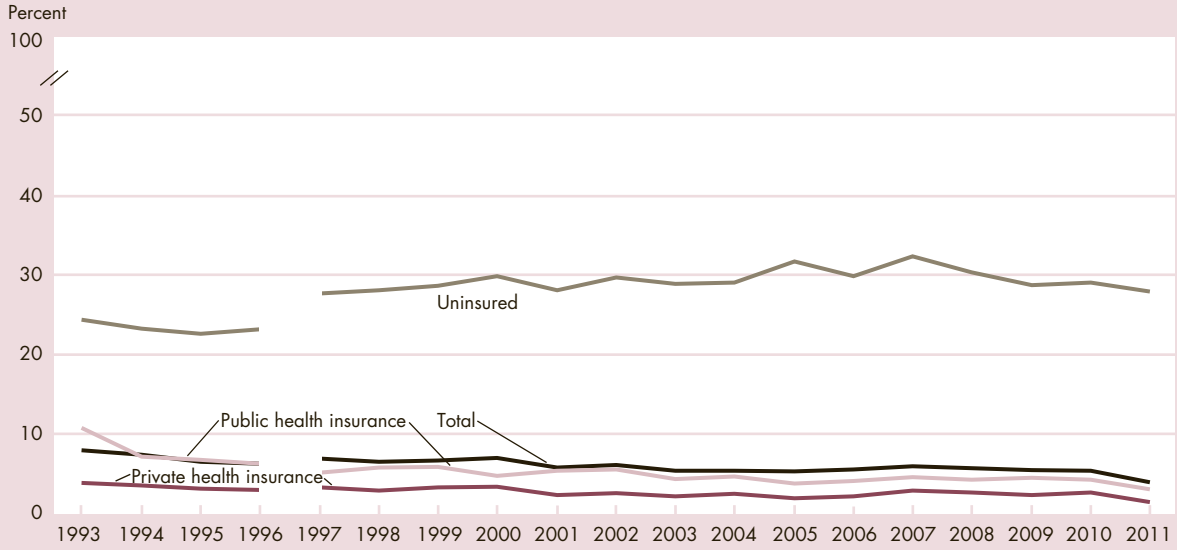
Bullets contain references to data that can be found in Table HC1 on pages 128–129. Endnotes begin on page 77.

Usual Source of Health Care

The health of children depends at least partially on their access to health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care.[42] Having a usual source of care—a particular person or place a child goes to for sick and preventive care—facilitates the timely and appropriate use of pediatric services.[43,44] Emergency rooms are excluded here as a usual source of care because their focus on emergency care generally excludes the other elements of health care.[45]

Indicator HC2

Percentage of children ages 0–17 with no usual source of health care by type of health insurance, 1993–2011



NOTE: Children with both public and private insurance coverage are placed in the private insurance group. Emergency rooms are excluded as a usual source of care. A break is shown in the lines because in 1997 the National Health Interview Survey (NHIS) was redesigned. Data for 1997–2011 are not strictly comparable with earlier data.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

- In 2011, about 4 percent of children had no usual source of health care.
- Uninsured children are much more likely to have no usual source of care than are children who have health insurance. For example, 28 percent of children who were not insured had no usual source of health care. This was more than 18 times the percentage of children with private health insurance who had no usual source of health care (1.5 percent).
- There are differences in the percentage of children having no usual source of care by type of health insurance coverage. In 2011, children with public insurance, such as Medicaid, were more likely to have no usual source of care than were children with private insurance (3 and 2 percent, respectively).
- In 2011, about 6 percent of children living below the poverty level and 6 percent of children living in families with incomes 100–199 percent of the poverty level had no usual source of health care, compared with 2 percent of children with family incomes 200 percent or more of the poverty level.
- Older children are more likely than younger children to lack a usual source of health care. In 2011, approximately 5 percent of children ages 6–17 had no usual source of care, compared with 3 percent of children ages 0–5.

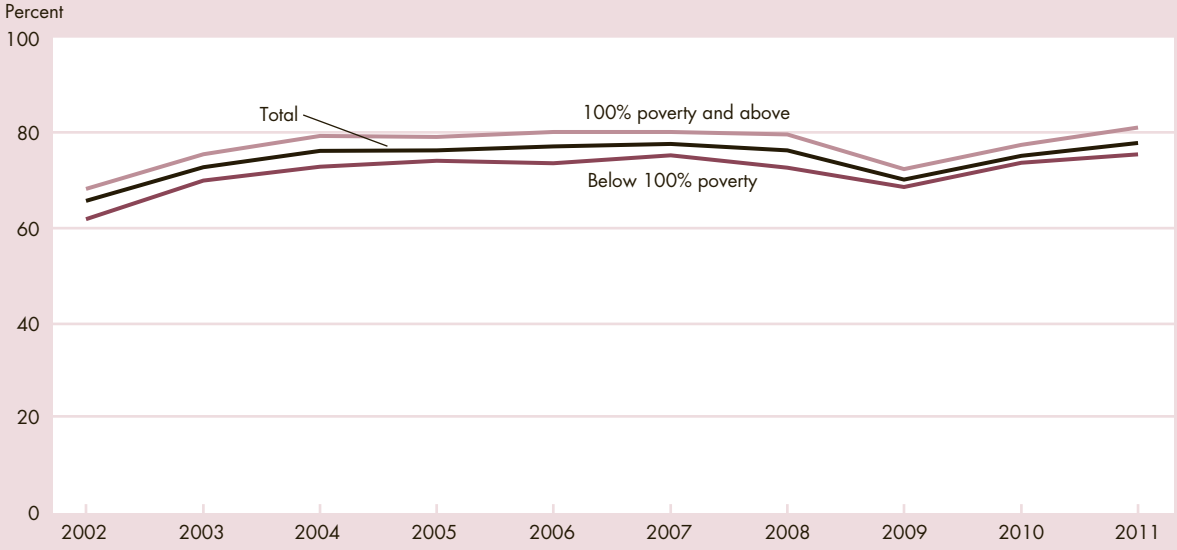
Bullets contain references to data that can be found in Table HC2 on page 130. Endnotes begin on page 77.

Immunization

Data on vaccination coverage are used to identify groups at risk of vaccine-preventable diseases and to evaluate the effectiveness of programs designed to increase coverage. Rates of childhood and adolescent immunizations are one measure of how extensively children are protected from serious vaccine-preventable illnesses.

Indicator HC3.A

Percentage of children ages 19–35 months with the 4:3:1:3:3:1 combined series of vaccinations by poverty status, 2002–2011

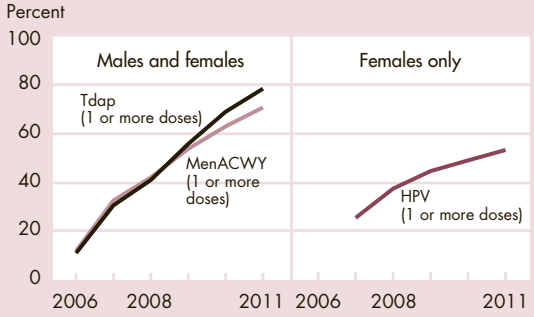


NOTE: The 4:3:1:3:3:1 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; 3 doses (or more) of Haemophilus influenzae type b (Hib) vaccines; 3 doses (or more) of hepatitis B vaccines; and 1 dose (or more) of varicella vaccine. The recommended immunization schedule for children is available at http://www.cdc.gov/vaccines/schedules/index.html. In 2009, a Hib vaccine shortage affected the series estimate. The Advisory Committee on Immunization Practices (ACIP) recommended an interim suspension of the booster dose for healthy children. This was during the time when most children in the 2009 National Immunization Survey would have been eligible for the Hib vaccine booster dose.

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

Indicator HC3.B

Percentage of adolescents ages 13–17 with the routinely recommended-for-age vaccinations, 2006–2011



NOTE: Data collection for 2006 and 2007 was only performed during the fourth quarter. Human papillomavirus (HPV) coverage level indicates females initiating the 3-dose series. Routinely recommended vaccines for administration beginning at ages 11–12 include tetanus-diphtheria-acellular pertussis (Tdap) and meningococcal conjugate (MenACWY) vaccines (both one dose), and HPV vaccine (3 doses). Since the routine recommendation for the administration of HPV vaccine to males was not published until December 2011, those vaccination rates are not reported in this figure.

SOURCE: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases and National Center for Health Statistics, National Immunization Survey—Teen.

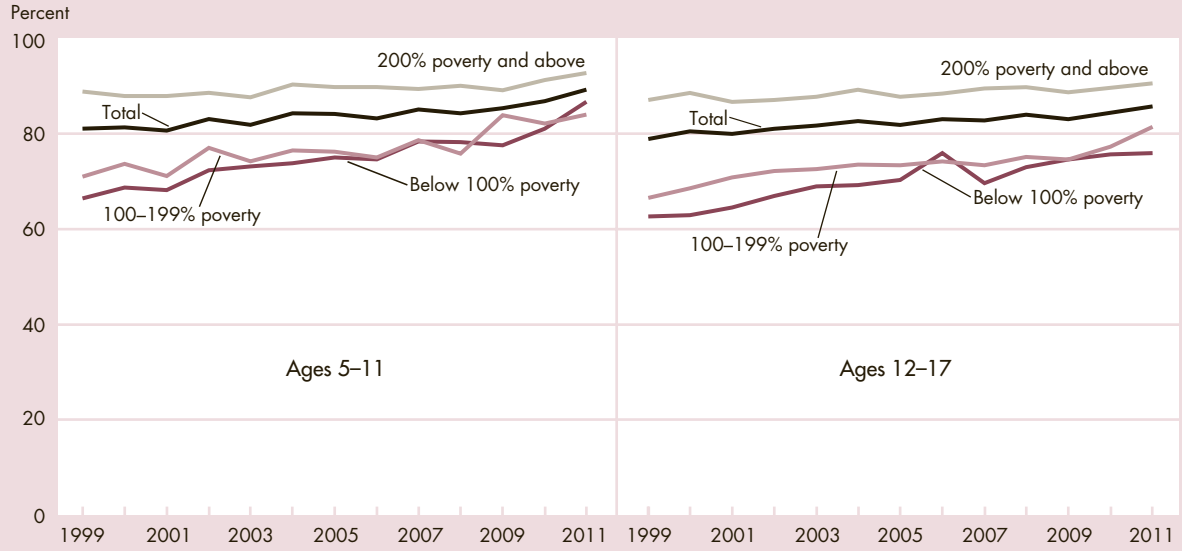
- In 2011, about 78 percent of children ages 19–35 months had received the recommended combined six-vaccine series.
- Children living in families with incomes below the poverty level had lower rates of coverage (75 percent), compared with children in families with incomes at or above the poverty level (79 percent).
- Since 2006, vaccination coverage with routinely recommended vaccines among U.S. adolescents ages 13–17 has increased, but coverage with vaccines recommended at 11 or 12 years of age remains low, especially for human papillomavirus (HPV) vaccine.
- In 2011, vaccination coverage among U.S. adolescents ages 13–17 for 1 dose (or more) of tetanus, diphtheria, acellular pertussis (Tdap) vaccine was 78 percent; 1 dose (or more) of meningococcal conjugate (MenACWY) vaccine was 71 percent; and 1 dose (or more) of HPV vaccine among females was 53 percent.

Bullets contain references to data that can be found in Tables HC3.A and HC3.B on pages 131–134. Endnotes begin on page 77.

Oral Health

Oral health is an essential component of overall health.[46] Good oral health requires both self-care and professional care. Regular dental visits provide an opportunity for prevention, early diagnosis, and treatment of oral and craniofacial diseases and conditions. Routine dental visits are recommended by the American Academy of Pediatric Dentistry beginning at 1 year of age.[47] Dental caries (cavities) is the single most common disease of childhood.[46] Since the early 1970s, the prevalence of dental caries in permanent teeth has dramatically declined in school-age children due to prevention efforts such as community water fluoridation programs and increased use of toothpastes containing fluoride.[46] Dental caries, however, remains a significant problem among some racial or ethnic groups and among children in poverty.

Indicator HC4.A **Percentage of children ages 5–17 with a dental visit in the past year by age and poverty status, 1999–2011**

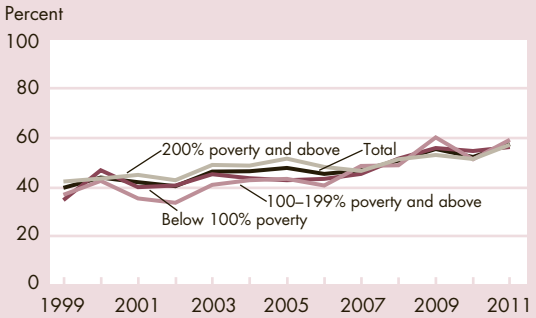


NOTE: From 1999 to 2000, children were identified as having a dental visit in the past year by asking parents "About how long has it been since your child last saw or talked to a dentist?" In 2001 and later years, the question was, "About how long has it been since your child last saw a dentist?" Parents were directed to include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

- In 2011, about 87 percent of children ages 5–17 had a dental visit in the past year, up from 85 percent in 2010.
- Among children in poverty, 86 percent of those ages 5–11 and 76 percent of those ages 12–17 had a dental visit in the past year, whereas 92 and 90 percent, respectively, of children with family incomes of 200 percent or more of the poverty level had a dental visit in the past year.
- Sixty-six percent of uninsured children ages 5–11 and 55 percent of uninsured children ages 12–17 had a dental visit, whereas 92 and 90 percent, respectively, of children ages 5–11 and ages 12–17 with private health insurance had a dental visit.
- In 2011, children ages 2–4 were less likely to have had a dental visit in the past year (58 percent) than children ages 5–11 (89 percent) and children ages 12–17 (85 percent). Forty-eight percent of uninsured children ages 2–4 had a dental visit, whereas 57 percent with private health insurance and 60 percent with public health insurance had a dental visit.

Indicator HC4.B **Percentage of children ages 2–4 with a dental visit in the past year by poverty status, 1999–2011**

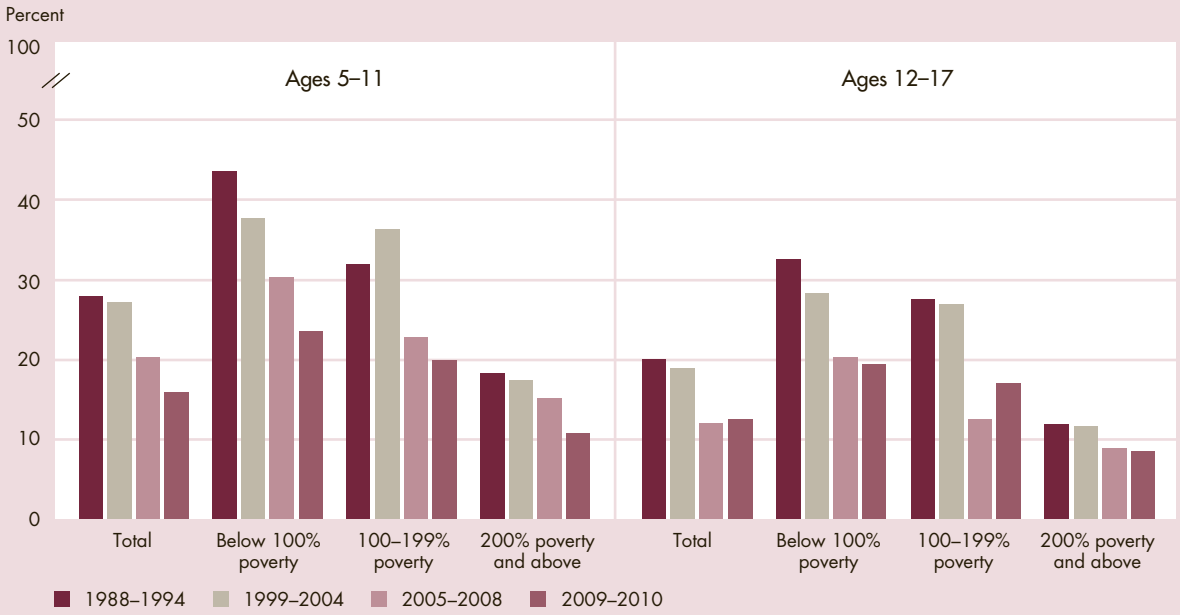


NOTE: From 1999 to 2000, children were identified as having a dental visit in the past year by asking parents "About how long has it been since your child last saw or talked to a dentist?" In 2001 and later years, the question was, "About how long has it been since your child last saw a dentist?" Parents were directed to include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Indicator HC4.C

Percentage of children ages 5–17 with untreated dental caries (cavities) by age and poverty status, 1988–1994, 1999–2004, 2005–2008, and 2009–2010



SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

- The percentage of children ages 5-17 with untreated dental caries declined over the past decade from 23 percent in 1999–2004 to 14 percent in 2009–2010.
- In 2009–2010, about 16 percent of children ages 5–11 and 12 percent of children ages 12–17 had untreated dental caries.
- The percentage of younger children (ages 5–11) with untreated dental caries declined from 20 percent in 2005–2008 to 16 percent in 2009–2010. For older children (ages 12–17) the percentage did not change between 2005–2008 and 2009–2010.
- In 2009–2010, among families living in poverty, the percentage of both younger and older children with untreated dental caries was at least twice that of children in families with incomes at or above 200 percent of the poverty level.
- From 2005–2008 to 2009–2010, the percentage of children ages 5–11 with untreated dental caries declined regardless of family income. However, during this same period the percentage of children ages 12–17 with untreated dental caries did not change or increase depending upon family income.
- Among Black, non-Hispanic children ages 5–11 the percentage of untreated caries decreased from 2005–2008 to 2009–2010 (26 and 18 percent, respectively). However, untreated caries increased for Black, non-Hispanic children ages 12–17 during the same period (17 and 24 percent, respectively).

Bullets contain references to data that can be found in Tables HC4.A–B and HC4.C on pages 135–137. Endnotes begin on page 77.

Indicators Needed

Health Care

This report provides information on a limited number of key indicators on health care. Information on other aspects of health care is needed in order to better understand the effect of health care on children's well-being. Additional indicators are needed on:

- *Adequacy of health insurance coverage.* This report contains information on whether children had health insurance coverage for at least part of the previous calendar year. Information is also needed on patterns of insurance coverage and on the characteristics of the child's insurance plan to determine whether the plan is adequate to meet health care needs.
- *Quality and content of health care.* This report contains information on children's usual source of health care and some aspects of health care utilization (e.g., immunizations), but additional regularly collected data are needed on the content and the quality of health care that children receive. High-quality health care has been defined as care that is safe, timely, effective, efficient, equitable, and patient-centered.

Physical Environment and Safety

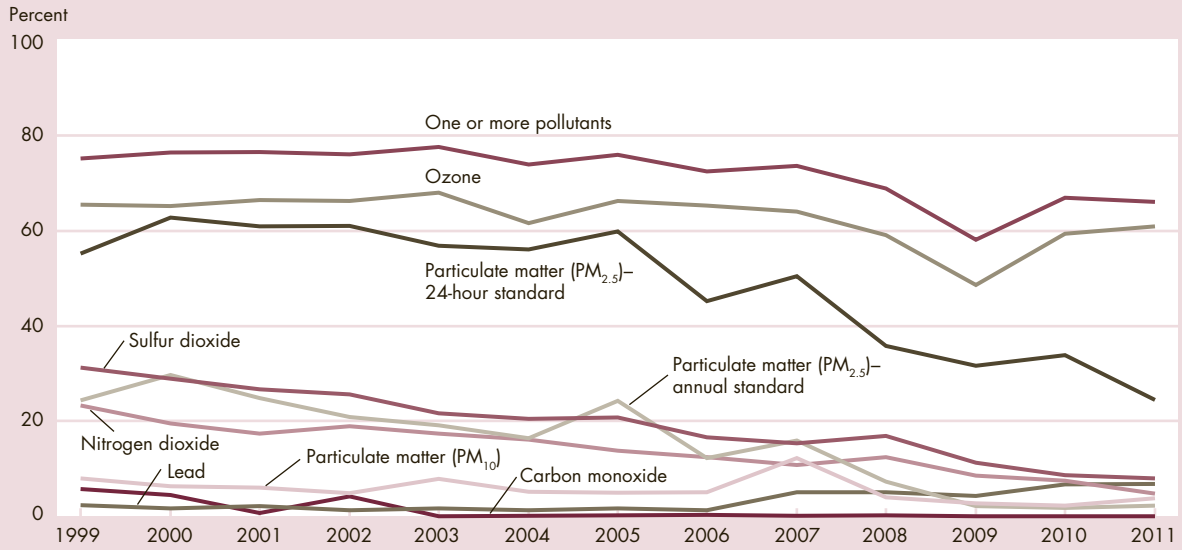
The physical environment in which children live plays a role in their health, development, and safety. This section presents indicators on environmental conditions such as outdoor air quality, environmental tobacco smoke, drinking water quality, and exposure to lead that may affect children. In addition, indicators of housing problems, youth victims of serious violent crimes, and child and adolescent injury and mortality are presented.

Outdoor Air Quality

The environment in which children live plays an important role in their health and development. Children may be more vulnerable than adults to the adverse effects of environmental contaminants in air, food, drinking water, and other sources because their bodies are still developing. In addition, children have increased potential for exposure to pollutants because they eat, drink, and breathe more, in proportion to the size of their bodies, than adults. One important measure of children's environmental health is the percentage of children living in areas in which air pollution levels are higher than the allowable levels of the Primary National Ambient Air Quality Standards.[48] These standards, established by the Environmental Protection Agency (EPA) under the Clean Air Act, are designed to protect public health, including the health of susceptible populations such as children. Ozone, particulate matter, sulfur dioxide, and nitrogen dioxide are air pollutants associated with increased asthma episodes and other respiratory illnesses in children. These problems can lead to increased emergency room visits and hospitalizations.[49–52] Lead can affect the development of the central nervous system in young children,[53] and exposure to carbon monoxide can reduce the capacity of blood to carry oxygen.[54]

Indicator PHY1

Percentage of children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards, 1999–2011



NOTE: Percentages are based on the number of children living in counties where measured air pollution concentrations were higher than the level of a Primary National Ambient Air Quality Standard at least once during the year. The Environmental Protection Agency (EPA) periodically reviews air quality standards and may change them based on updated scientific findings. The indicator is calculated with reference to the current levels of the air quality standards for all years shown, except that the revision to the $PM_{2.5}$ annual standard promulgated in December 2012 has not been incorporated into this analysis. Measuring concentrations above the level of a standard is not equivalent to violating the standard. The level of a standard may be exceeded on multiple days before the exceedance is considered a violation of the standard. Data have been revised since previous publication in *America's Children*. Values have been recalculated based on updated Census population data and updated data in the Air Quality System. For more information on the air quality standards that are used in calculating these percentages, please see http://www.epa.gov/air/criteria.html.

SOURCE: Environmental Protection Agency, Office of Air and Radiation, Air Quality System.

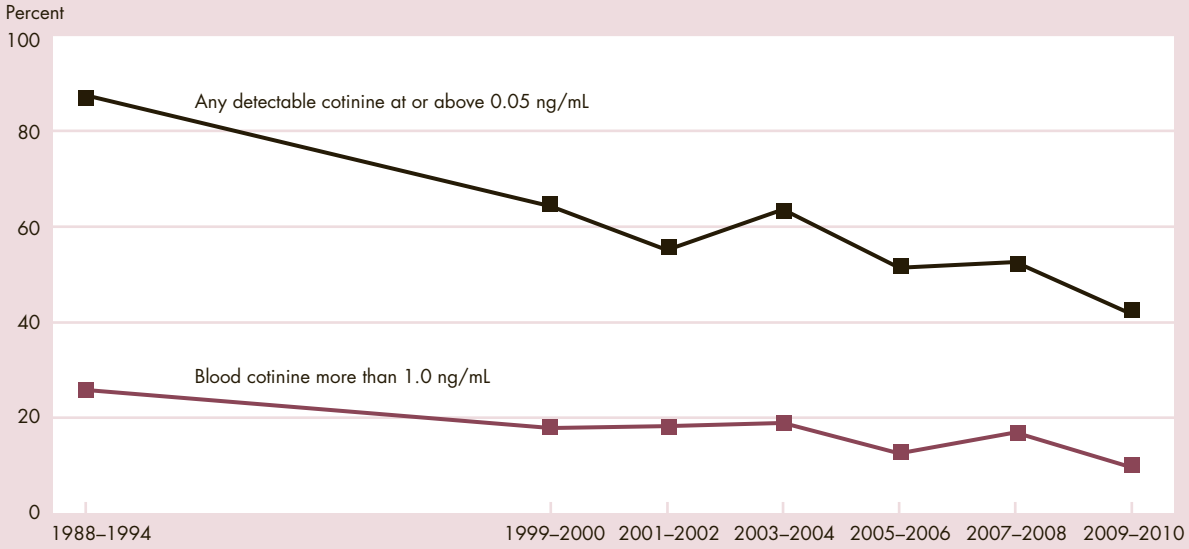
- In 2011, about 66 percent of children lived in counties with measured pollutant concentrations above the levels of one or more Primary National Ambient Air Quality Standard at least once during the year.
- Ozone is the pollutant that is most often measured at concentrations above the level of its current air quality standard. In 2011, some 61 percent of children lived in counties in which ozone concentrations were above the level of the standard at least one day during the year.
- In 2011, approximately 24 percent of children lived in counties with measured concentrations of fine particulate matter ($PM_{2.5}$) above the level of the current 24-hour $PM_{2.5}$ standard at least once during the year, compared with 55 percent in 1999.
- From 1999–2011, the percentage of children living in counties with measured sulfur dioxide concentrations above the level of the current 1-hour standard for sulfur dioxide at least one day per year declined from 31 percent to 8 percent. Over the same years, the percentage of children living in counties with measured concentrations above the level of the current 1-hour standard for nitrogen dioxide at least one day per year decreased from 23 percent to 5 percent.

Bullets contain references to data that can be found in Table PHY1 on page 138. Endnotes begin on page 77.

Environmental Tobacco Smoke

Children who are exposed to environmental tobacco smoke, also known as secondhand smoke, have an increased probability of experiencing such adverse health effects as infections of the lower respiratory tract, bronchitis, pneumonia, middle ear disease, sudden infant death syndrome (SIDS), and respiratory symptoms.[55] Secondhand smoke can also play a role in the development and exacerbation of asthma.[55] The U.S. Surgeon General has determined that there is no risk-free level of exposure to secondhand smoke.[55] Cotinine, a breakdown product of nicotine, is a marker for recent (previous 1–2 days) exposure to secondhand smoke in nonsmokers.

Indicator PHY2.A **Percentage of children ages 4–11 with specified blood cotinine levels, selected years 1988–2010**



NOTE: Cotinine levels are reported for nonsmoking children only. "Any detectable cotinine" indicates blood cotinine levels at or above 0.05 nanograms per milliliter (ng/mL), the detectable level of cotinine in the blood in 1988–1994. The average (geometric mean) blood cotinine level in children living in homes where someone smoked was 1.0 ng/mL in 1988–1994[56] and in 2003–2006.[57]

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Indicator PHY2.B **Percentage of children ages 0–6 living in homes where someone smoked regularly by poverty status, 1994, 2005, and 2010**

NOTE: A home where someone smoked regularly is defined as one in which smoking by a resident occurred 4 or more days per week.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

- The percentage of children ages 4–11 with detectable blood cotinine levels decreased from 88 percent in 1988–1994 to 42 percent in 2009–2010. In 2009–2010, about 9 percent had blood cotinine levels more than 1.0 nanograms per milliliter (ng/mL), down from 26 percent in 1988–1994.
- In 2010, the percentage of children ages 0–6 living in homes where someone smoked regularly was 6 percent, compared with 27 percent in 1994.[58] Children living below the poverty level and Black, non-Hispanic children were more likely than their peers to be living in homes where someone smoked regularly.

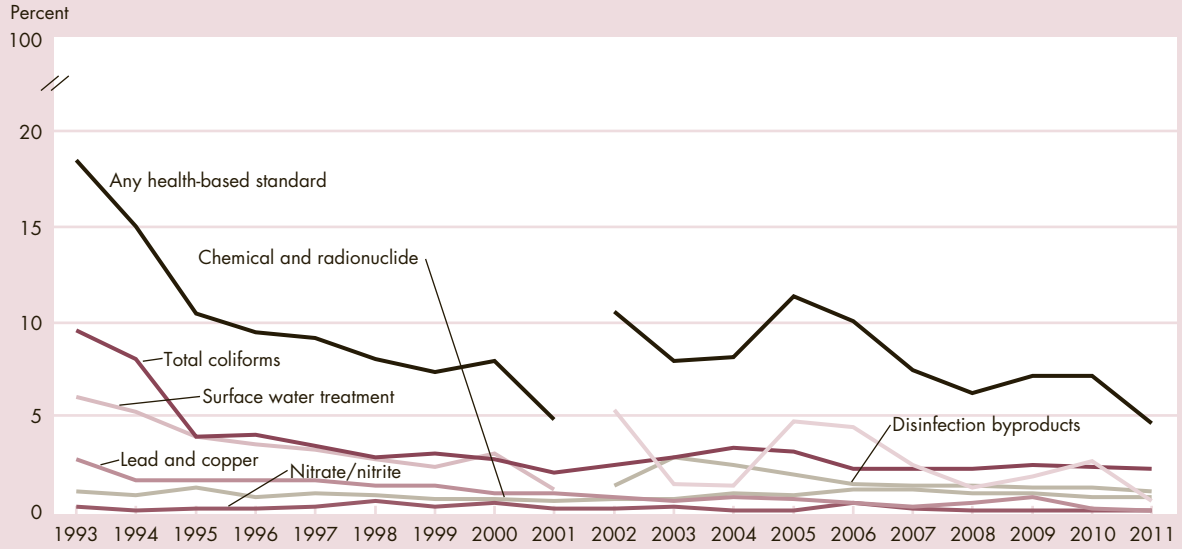
Bullets contain references to data that can be found in Tables PHY2.A and PHY2.B on page 139. Endnotes begin on page 77.

Drinking Water Quality

Contaminants in surface and ground waters that serve as sources of drinking water may be quite varied and may cause a range of health effects in children, including acute diseases such as gastrointestinal illness, developmental effects such as learning disorders, and serious long-term illnesses such as cancer.[59] The Environmental Protection Agency (EPA) sets drinking water standards designed to protect people against adverse health effects. These standards currently include Maximum Contaminant Levels (MCLs) and treatment technique requirements for over 90 chemical, radiological, and microbiological contaminants.[60] One way to gain insight into children's potential exposure to drinking water contaminants is to look at community water system compliance with these standards. EPA's drinking water regulations require public water systems, including community water systems, to monitor for compliance with Federal health-based standards and to treat their water if needed to meet standards. About 14 percent of the population receives drinking water from private water systems that are not required to monitor and report the quality of drinking water.[61]

Indicator PHY3

Percentage of children served by community water systems that did not meet all applicable health-based drinking water standards, 1993–2011



NOTE: Revisions to the following standards were made between 2002 and 2006: disinfection byproducts (2002 for larger systems and 2004 for smaller systems), surface water treatment (2002), radionuclides (2003), and arsenic (included in the Chemical and radionuclide category, in 2006). No other revisions to the standards have taken effect during the period of trend data (beginning with 1993). Indicator values reflect the standards in place for each year depicted. Data have been revised since previous publication in *America's Children*. Values for years prior to 2011 have been recalculated based on updated data in the Safe Drinking Water Information System.

SOURCE: Environmental Protection Agency, Office of Water, Safe Drinking Water Information System.

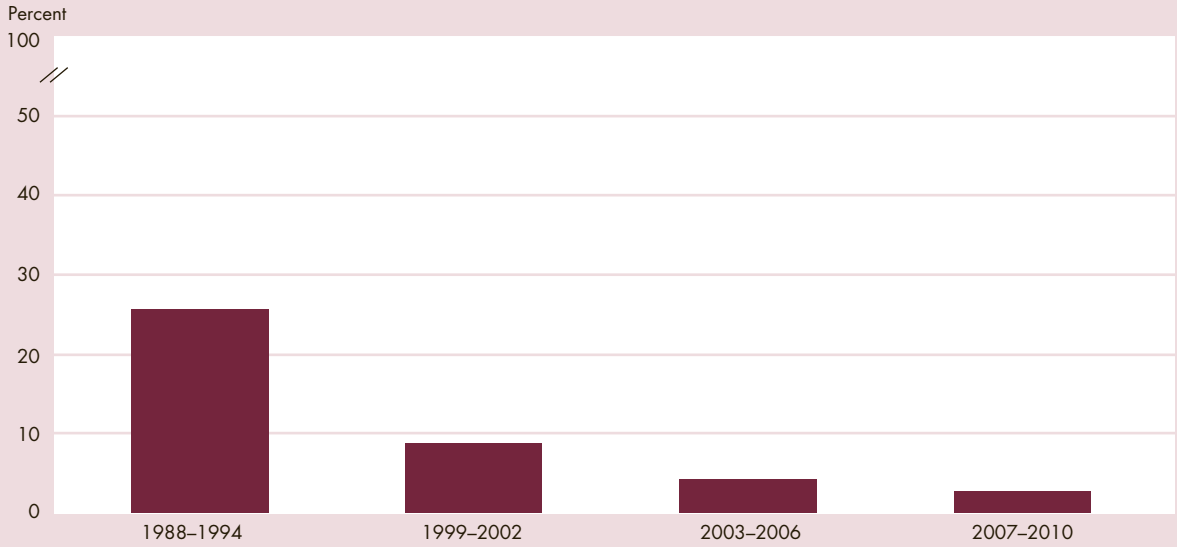
- The percentage of children served by community drinking water systems that did not meet all applicable health-based standards declined from 19 percent in 1993 to about 5 percent in 2001. Since 2002, this percentage has fluctuated between 5 and 11 percent and was 5 percent in 2011.
- Coliforms indicate the potential presence of harmful bacteria associated with infectious illnesses. The percentage of children served by community drinking water systems that did not meet the health-based standard for total coliforms was about 10 percent in 1993 and about 2 percent in 2011.
- EPA adopted a new standard for disinfection byproducts in 2001. Disinfection byproducts are formed when drinking water disinfectants react with naturally occurring organic matter in water. In 2011, about 1 percent of all children served by community water systems were served by systems that had violations of the disinfection byproducts standard. Exposure to disinfection byproducts may lead to cancer or developmental effects.[62]

Bullets contain references to data that can be found in Table PHY3 on page 140. Endnotes begin on page 77.

Lead in the Blood of Children

Lead is a major environmental health hazard for young children. Childhood exposure to lead contributes to learning problems (including reduced IQ and reduced academic achievement) and behavioral problems.[63] A blood lead level of 5 µg/dL is defined as "elevated" for purposes of identifying children for follow-up activities such as environmental investigations and ongoing monitoring,[64] but no level of childhood lead exposure can be considered safe,[65] and adverse health effects can occur at much lower concentrations.[63] Lead exposures have declined since the 1970s, due largely to the removal of lead from gasoline and fewer homes with lead-based paint. However, 25 percent of U.S. homes have significant lead-based paint hazards, such as high lead levels in dust and soil, which may contribute to childhood exposure.[66] Children ages 1–5 are particularly vulnerable because they frequently engage in hand-to-mouth behavior.

Indicator PHY4.A **Percentage of children ages 1–5 with blood lead levels at or above 5 µg/dL, 1988–1994, 1999–2002, 2003–2006, and 2007–2010**



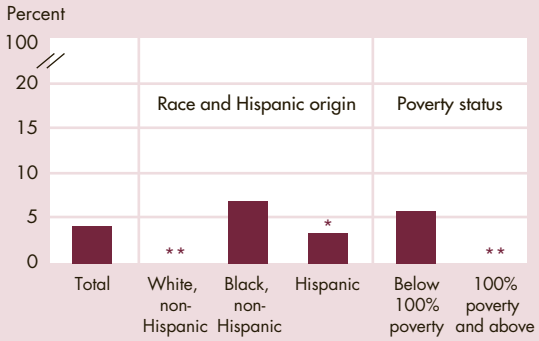
NOTE: The reference level of 5 µg/dL is the 97.5th percentile of blood lead levels for children ages 1–5 in 2005–2008. The Centers for Disease Control and Prevention (CDC) currently uses this reference level to identify children with elevated blood lead levels.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

- About 3 percent of children had blood lead levels at or above 5 µg/dL in 2007–2010, compared with 26 percent in 1988–1994.
- Six percent of Black, non-Hispanic children had blood lead levels at or above 5 µg/dL in 2007–2010.
- Four percent of children living in poverty had blood lead levels at or above 5 µg/dL in 2007–2010.
- The median blood lead concentration for children ages 1–5 dropped from about 15 µg/dL in 1976–1980 to about 1 µg/dL in 2007–2010.[67] The 95th percentile blood lead concentration dropped from about 29 µg/dL in 1976–1980 to about 3 µg/dL in 2009–2010.

Bullets contain references to data that can be found in Tables PHY4.A and PHY4.B on page 141. Endnotes begin on page 77.

Indicator PHY4.B **Percentage of children ages 1–5 with blood lead levels at or above 5 µg/dL by race and Hispanic origin[68] and poverty status, 2007–2010**



* Estimate is considered unstable (relative standard error is greater than 30 percent but less than 40 percent).

** Estimate is considered unreliable (relative standard error is greater than 40 percent).

NOTE: The CDC currently uses 5 µg/dL as a reference level to identify children with elevated blood lead levels.

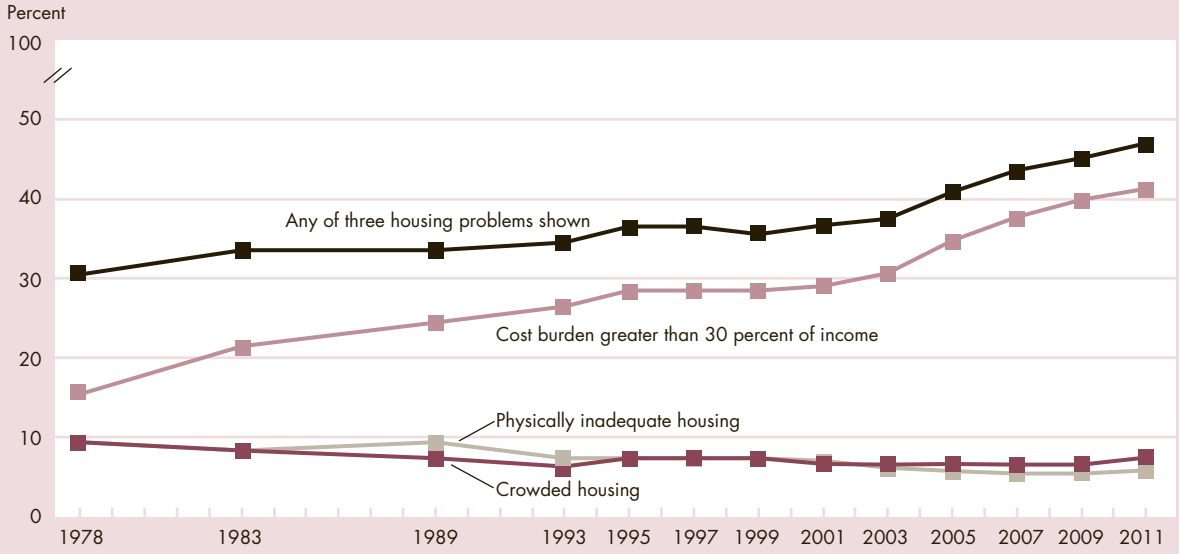
SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Housing Problems

Inadequate, crowded, or too costly housing can pose serious problems to children's physical, psychological, and material well-being.[69,70] Housing cost burdens, especially at high levels, are a risk factor for negative outcomes for children, including homelessness, overcrowding, poor nutrition, frequent moving, and lack of supervision while parents are at work.[71,72] The percentage of households with children that report that they are living in physically inadequate,[73] crowded, or costly housing provides insight into the impact that the post-recessionary economy and housing markets have on housing choices and childrens' well-being.

Indicator PHY5

Percentage of households with children ages 0–17 that reported housing problems by type of problem, selected years 1978–2011



NOTE: Data are available for 1978, 1983, 1989, and biennially since 1993. All data are weighted using the decennial Census that preceded the date of their collection.

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

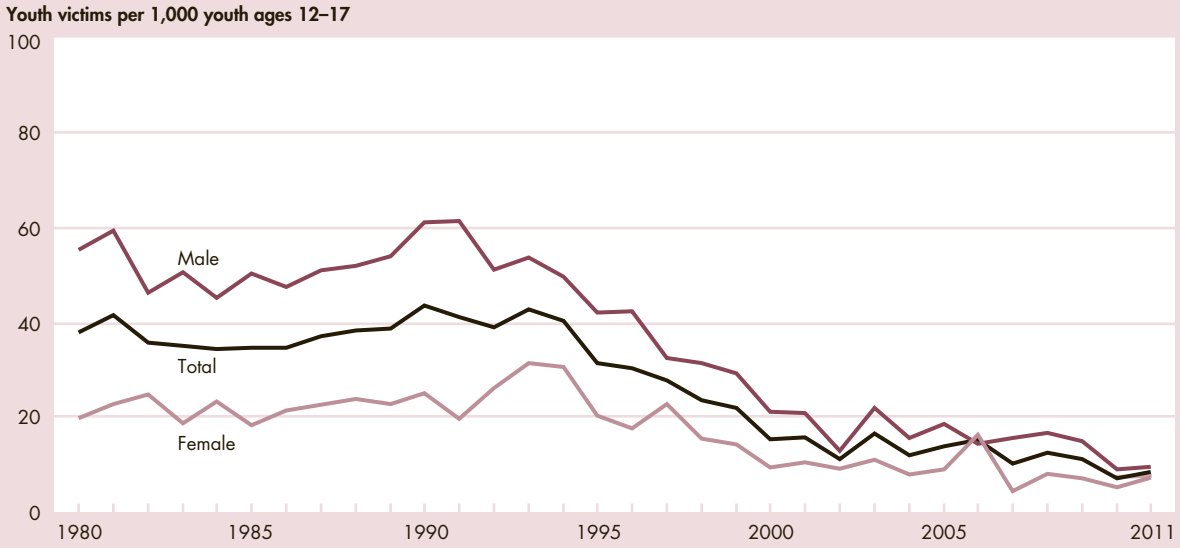
- In 2011, some 46 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or cost burden resulting from housing that costs more than 30 percent of household income.[74] Increasing incidence of cost burdens drove the statistically significant increase[75] from the 45 percent of households with children that had a housing problem in 2009.
- In 2011, about 6 percent of households with children had physically inadequate housing, defined as housing with severe or moderate physical problems. In 2009, the rate was a historic low of 5 percent, compared with 9 percent in 1978.
- Crowded housing, defined as more than one person per room, increased to 7 percent of households with children in 2011 from 6 percent in 2009.
- The incidence of housing cost burdens continues to increase among households with children. In 2011, approximately 41 percent had cost burdens, up from 39 percent in 2009 and only 15 percent in 1978. The proportion of households with severe cost burdens, defined as paying more than half of their income for housing, has tripled from 6 percent in 1978 to 18 percent in 2011.
- Severe housing problems are defined as severe cost burdens or severe physical problems experienced by households that receive no housing assistance.[76] The percentage of households with children facing severe housing problems was 18 percent in 2011, compared with 17 percent in 2009.
- Severe housing problems are especially prevalent among very-low-income renters.[77] The incidence of severe problems among very-low-income renters with children increased from 40 percent in 2009 to 43 percent in 2011.
- Severe housing problems frequently lead to eviction and homelessness. During 2011, an estimated 149,000 children, or 2.0 per 1,000 children, were found to be homeless at a single point in time.[78]

Bullets contain references to data that can be found in Table PHY5 on page 142. Endnotes begin on page 77.

Youth Victims of Serious Violent Crimes

Violence frequently has dire and long-lasting impacts on young people who experience, witness, or feel threatened by it. In addition to causing direct physical harm to young victims, serious violence can adversely affect their mental health and development and increase the likelihood that they themselves will commit acts of serious violence.[79,80] Youth ages 12–17 are more than twice as likely as adults to be victims of serious violent crimes.[81]

Indicator PHY6 **Rate of serious violent crime victimization of youth ages 12–17 by gender, 1980–2011**



NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Homicide data were not available for 2011 at the time of publication. The number of homicides for 2010 is included in the overall total for 2011. In 2010, homicides represented less than 1 percent of serious violent crime, and the total number of homicides of juveniles has been relatively stable over the last decade. Because of changes, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Some 2010 estimates have been revised since previous publication in *America's Children* due to updating of more recent homicide numbers. See *Criminal Victimization, 2006,* http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=765.

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

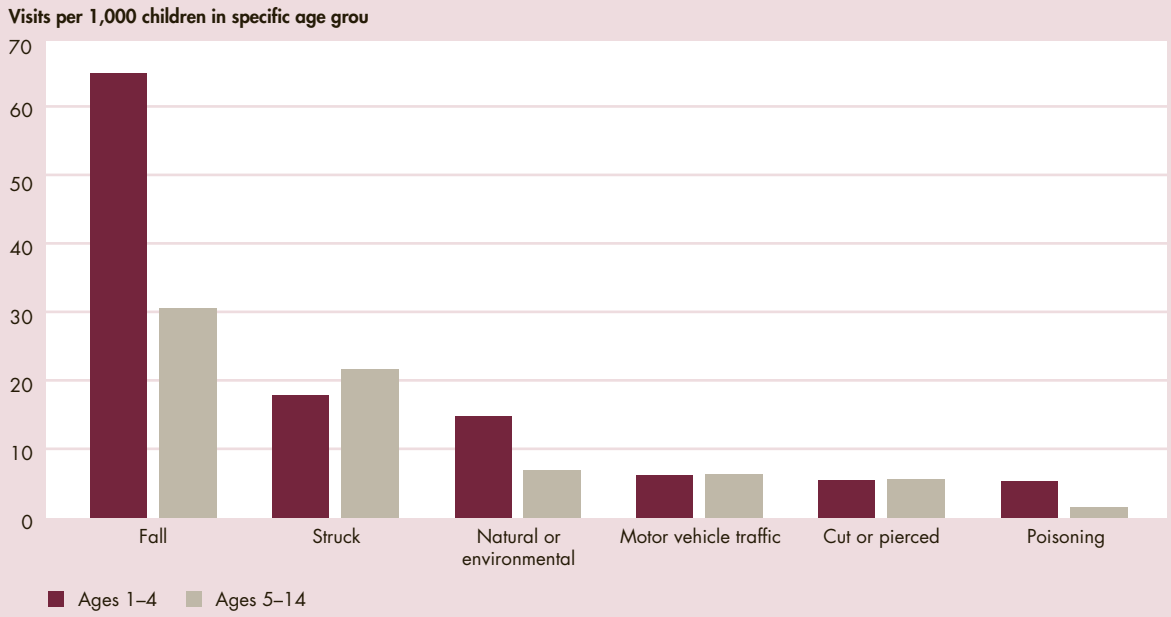
- In 2011, the rate at which youth were victims of serious violent crimes was 8 crimes per 1,000 youth ages 12–17. A total of 206,200 such crimes occurred in 2011.
- Serious violent crimes involving youth victims stayed about the same from 2010 to 2011. However, the rate was still significantly lower than its peak in 1993. In 1993, the serious violent crime victimization rate was 42 per 1,000 youth, compared with the 2011 rate of 8 per 1,000 youth.
- In 2011, White, non-Hispanic youth were as likely as Hispanic youth to be victims of a serious violent crime.
- In 2011, Black, non-Hispanic youth were more likely than White, non-Hispanic youth and non-Hispanic youth of 2 or more races to be victims of a serious violent crime.
- Older youth (ages 15–17) were as likely to be victims of a serious violent crime as younger youth (ages 12–14) were in 2011.

Bullets contain references to data that can be found in Table PHY6 on page 143. Endnotes begin on page 77.

Child Injury and Mortality

Although injury death rates have declined over the past two decades, unintentional injuries remain the leading cause of death for children ages 1–4 and ages 5–14. In addition, nonfatal injuries continue to be important causes of child morbidity, disability, and reduced quality of life.[82] In 2000, the total lifetime costs (medical expenses and productivity losses) of injuries among children ages 0–14 were estimated to be over $50 billion.[83] For every fatal injury among children ages 1–14, there are 29 injury-related hospitalizations and 1,669 injury-related emergency department visits.[84] The leading causes of injury differ for children and adolescents (see PHY8.A).

Indicator PHY7.A **Emergency department visit rates for children ages 1–4 and 5–14 by leading causes of injury, 2009–2010**

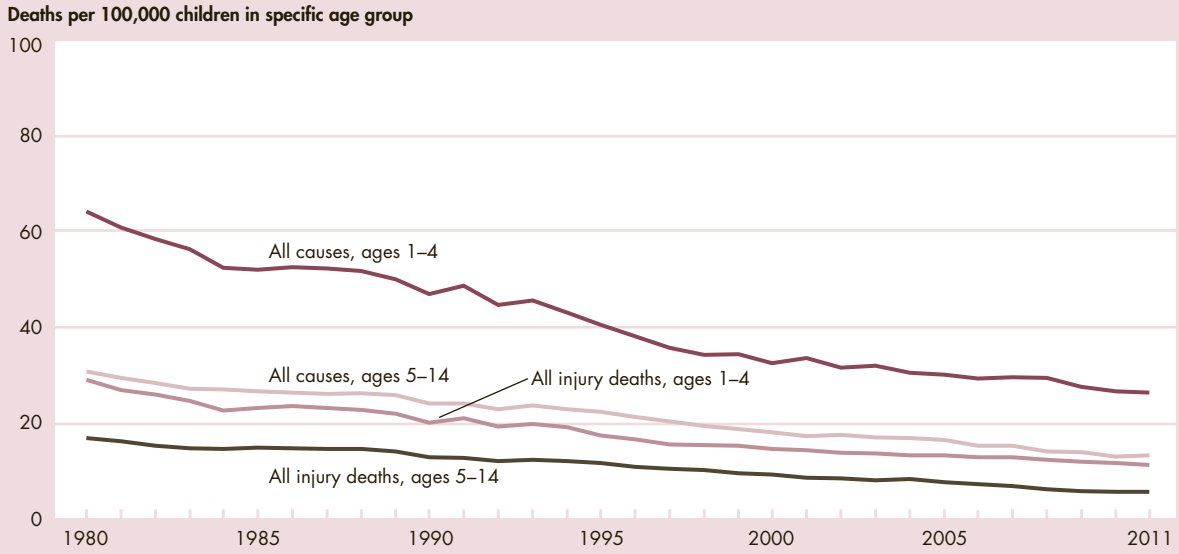


NOTE: Visits are the initial visit to the emergency department for the injury. "Struck" denotes being struck by or against an object or person, "natural or environmental" denotes injuries caused by natural or environmental factors such as insect or animal bites, and "cut or pierced" denotes injuries caused by cutting or piercing from instruments or objects.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

- Among children ages 1–14, falls and being struck by or against an object or person are the two leading causes of injury-related emergency department visits.
- Annually in 2009–2010, there were 65 emergency department visits for falls per 1,000 children ages 1–4 and 31 visits for falls per 1,000 children ages 5–14. Falls accounted for 42 percent of injury visits for children ages 1–4 and 28 percent of injury visits for children ages 5–14.[85]
- The rates of emergency department visits for injuries resulting from being struck by or against an object or person were 18 visits per 1,000 for children ages 1–4 and 22 visits per 1,000 for children ages 5–14. Among children ages 1–4, some 20 percent of the emergency department visits resulting from being struck by or against an object or person were related to striking furniture. Among children ages 5–14, about 34 percent of the emergency department visits resulting from being struck by or against an object or person were sports-related.[85]
- Emergency department visit rates for injuries caused by natural and environmental factors, poisonings, cutting or piercing from instruments or objects, and motor vehicle traffic crashes ranged between 5 and 15 visits per 1,000 for children ages 1–4 and ranged between 1.5 and 7 visits per 1,000 for children ages 5–14.
- Emergency department visit rates for poisoning were higher among children ages 1–4 (5 per 1,000) than among children ages 5–14 (1.5 per 1,000).
- For children ages 1–4 and 5–14, about 2 percent of injury-related emergency department visits resulted in hospitalizations, although the percentage varied by cause.[85]

Indicator PHY7.B Death rates among children ages 1–4 and 5–14 by all causes and all injury causes, 1980–2011

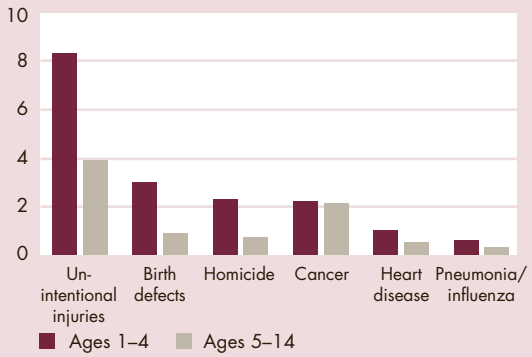


NOTE: 2011 data are preliminary. Caution should be taken in interpreting injury death rates based on preliminary data, as these tend to be underestimated. See *Deaths: Preliminary data for 2011,* http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

- In 2011, the death rate for children ages 1–4 was 26 per 100,000 children, not significantly different from 27 per 100,000 in 2010. For children ages 5–14 in 2010 and 2011, the death rate was 13 per 100,000 children. Between 1980 and 2009, the death rate declined nearly 60 percent for both age groups.
- Among both younger and older children, Black children had the highest death rates in 2011, at 38 per 100,000 children ages 1–4, and 18 per 100,000 children ages 5–14. Asian or Pacific Islander children had the lowest death rates (14 per 100,000 children ages 1–4 and 9 per 100,000 children ages 5–14).
- In 2011, among children ages 1–4 and 5–14, unintentional injuries (accidents) were the leading cause of death: 8 deaths per 100,000 children ages 1–4 and 4 deaths per 100,000 children ages 5–14. For children ages 1–4, the next most frequent causes of death were birth defects (3 per 100,000 children) and homicide and cancer (2 per 100,000 each). For children ages 5–14, the next most frequent causes of death were cancer (2 per 100,000) and birth defects (1 per 100,000 children).
- In 2011, the injury (intentional and unintentional) death rate was 11 per 100,000 for children ages 1–4 and 6 per 100,000 for children ages 5–14.
- Between 1980 and 2010, motor vehicle traffic death rates declined more than 70 percent and drowning death rates declined by one-half among children ages 1–4.
- In 2011, among children ages 5–14, suicide and homicide were the fourth and fifth leading causes of death (1 death per 100,000 for both), after unintentional injuries, cancer, and birth defects.[86]

Indicator PHY7.C Death rates among children ages 1–4 and 5–14 by cause of death, 2011



NOTE: 2011 data are preliminary. Caution should be taken in interpreting injury death rates based on preliminary data, as these tend to be underestimated. See *Deaths: Preliminary data for 2011,* http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf.

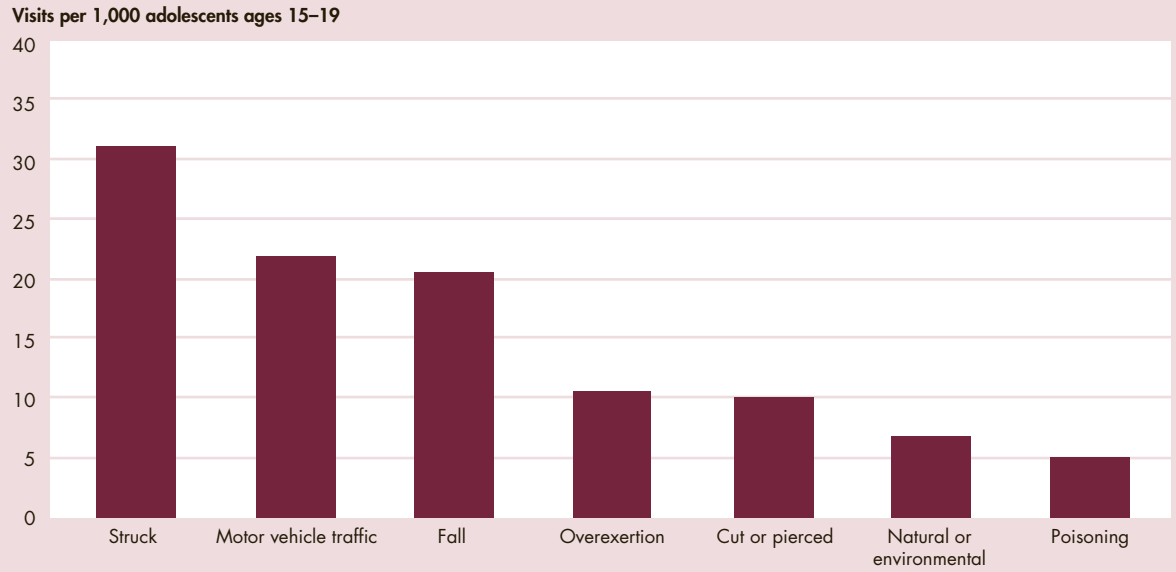
SOURCE: National Center for Health Statistics, National Vital Statistics System.

Bullets contain references to data that can be found in Tables PHY7.A and PHY7.B on pages 144–146. Endnotes begin on page 77.

Adolescent Injury and Mortality

Injury accounts for nearly 75 percent of adolescent deaths. Compared with younger children, adolescents ages 15–19 have much higher death rates overall and from injuries. Adolescents are much more likely to die from injuries sustained from motor vehicle traffic crashes and firearms than are younger children.[87] The leading causes of nonfatal injury resulting in an emergency department visit also differ from those in younger children. For example, the leading cause of adolescent nonfatal injury emergency department visits is being struck by or against an object or person, whereas for younger children, the leading cause of nonfatal injury emergency department visits is falls (see PHY7A). In addition, emergency department visits for nonfatal injuries for adolescents more often result from violence, sports-related activities, or motor vehicle traffic crashes. For each fatal injury among adolescents, there are 11 injury-related hospitalizations and nearly 375 injury-related emergency department visits.[84]

Indicator PHY8.A **Emergency department visit rates for adolescents ages 15–19 by leading causes of injury, 2009–2010**



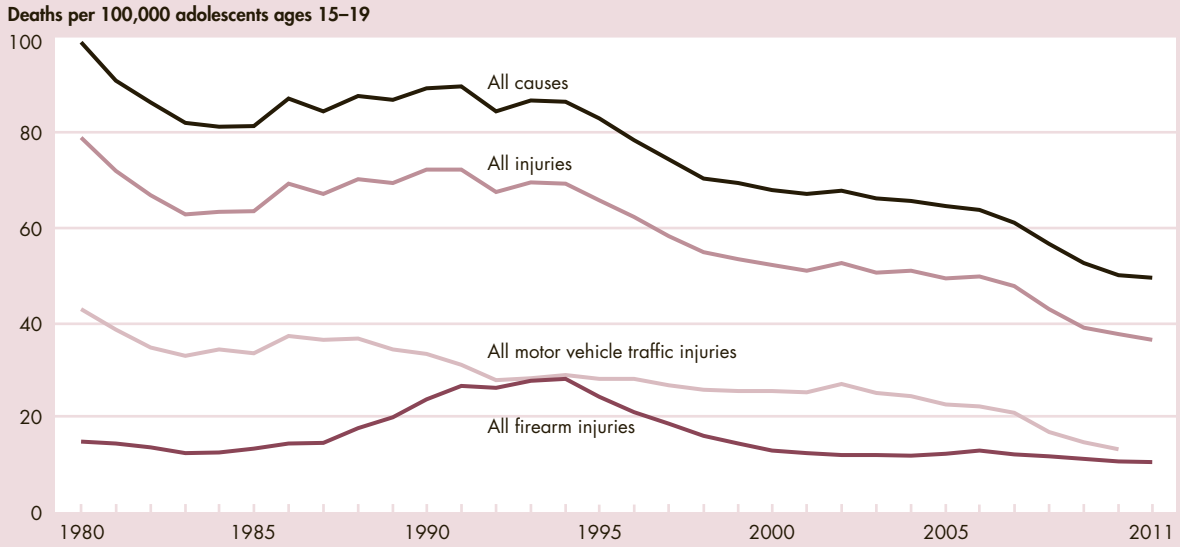
NOTE: Visits are the initial visit to the emergency department for the injury. "Struck" denotes being struck by or against an object or person, "cut or pierced" denotes injuries caused by cutting or piercing from instruments or objects, "overexertion" denotes excessive physical exercise or strenuous movements in recreational or other activities, and "natural or environmental" denotes injuries caused by natural or environmental factors such as insect or animal bites.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

- In 2009–2010, the leading causes of injury-related emergency department visits among adolescents ages 15–19 were being struck by or against an object or person (31 visits per 1,000), motor vehicle traffic crashes (22 visits per 1,000), and falls (20 visits per 1,000), altogether accounting for more than half of the injury-related emergency department visits for this age group.
- Injury-related emergency department visits for adolescents being struck by or against an object or person were most often the result of a sports-related activity (30 percent) or an assault (29 percent).[85]
- Injuries caused by cutting or piercing from instruments or objects, overexertion from excessive physical exercise or strenuous movements in recreational or other activities, poisonings, and natural or environmental factors were also among the leading causes of injury-related emergency department visits among adolescents ages 15–19, ranging from 5 to 10 visits per 1,000 adolescents.
- Emergency department visit rates for poisonings among adolescents ages 15–19 (5 visits per 1,000) were similar to rates among children ages 1–4 (5 visits per 1,000) and higher than rates among children ages 5–14 (1.5 visits per 1,000). Approximately 28 percent of the emergency department visits for poisonings among adolescents result from intentional self-harm, 50 percent are unintentional, and 22 percent are of undetermined intent.
- For adolescents ages 15–19, about 3 percent of injury-related emergency department visits resulted in hospitalizations.[85]

Indicator PHY8.B

Death rates among adolescents ages 15–19 by all causes and all injury causes and selected mechanisms of injury, 1980–2011



NOTE: 2011 data are preliminary. Caution should be taken in interpreting injury death rates based on preliminary data, as these tend to be underestimated. 2011 data for "All motor vehicle traffic injuries" was not available at time of publication. See *Deaths: Preliminary data for 2011,* http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

- The death rate for adolescents ages 15–19 was 48.9 per 100,000 in 2011 and 49.4 per 100,000 in 2010, down from 51.9 per 100,000 in 2009.
- Almost three-fourths of adolescent deaths were from injuries. In 2011, the injury death rate was 36 per 100,000, which was not statistically different from the injury death rate of 37 per 100,000 in 2010. The injury death rate has decreased by more than half since 1980, despite a period of increase in the late 1980s and early 1990s.
- In 2010, more than 60 percent of injury deaths among adolescents were related to either motor vehicle traffic (13 per 100,000) or firearms (11 per 100,000). Since 1980, the motor vehicle traffic death rate has decreased by nearly 70 percent. From 1980 to 1987, the firearm death rate was relatively steady: from 1987 to 1994 the rate increased, and since 1994 the rate declined by more than 60 percent.
- Injury deaths can also be reported by intent. In 2011, unintentional injury accounted for more than 50 percent of all injury deaths (20 per 100,000) among adolescents.
- In 2011, homicides accounted for 21 percent of injury deaths, and suicide accounted for 22 percent of injury deaths. In 2010, some 85 percent of the homicides and 40 percent of the suicides were firearm related.

Bullets contain references to data that can be found in Tables PHY8.A and PHY8.B on pages 147–150. Endnotes begin on page 77.

Indicators Needed

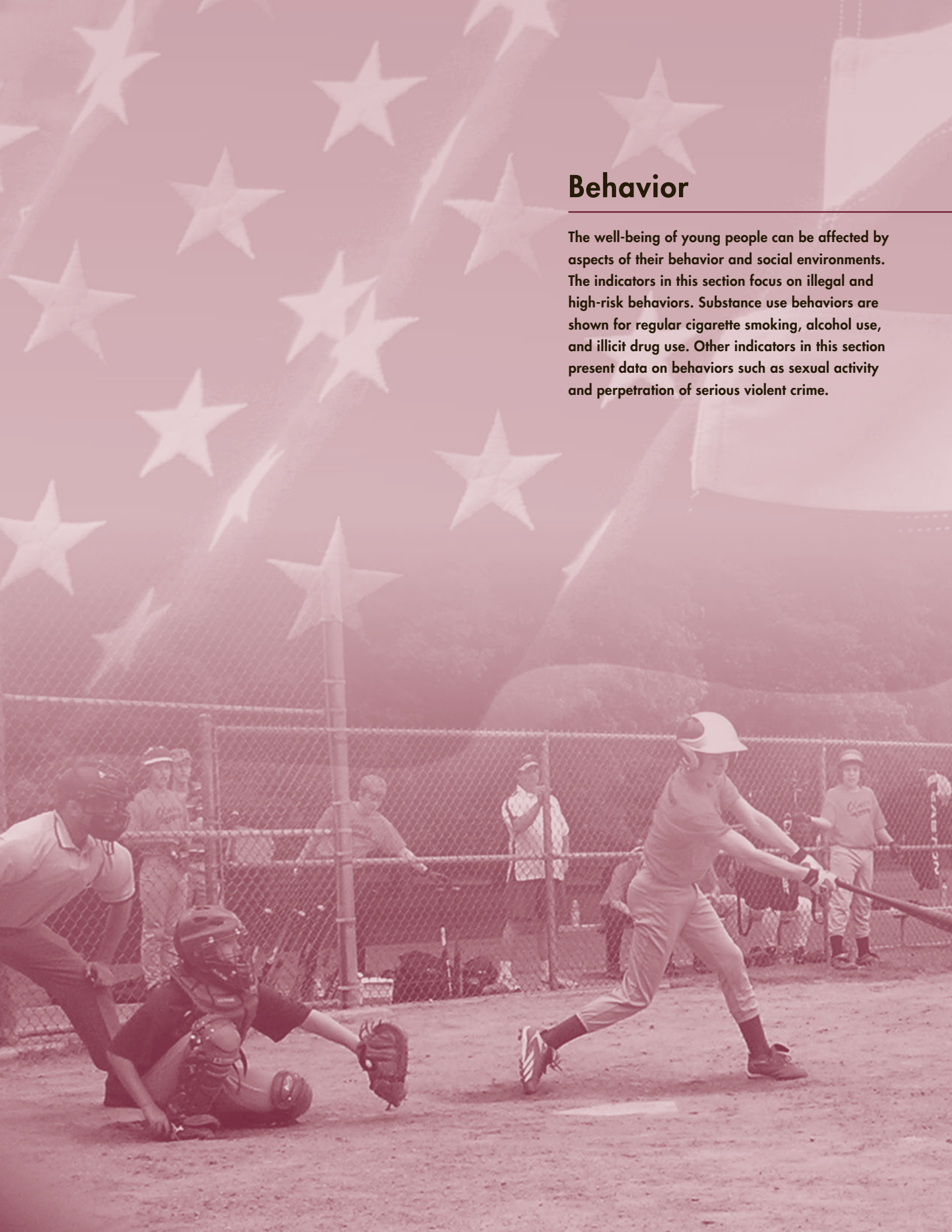
Physical Environment and Safety

A broader set of indicators than those presented in this section is needed to better understand and monitor children's physical environment and safety. Additional indicators are needed on:

- *Biomonitoring measurements.* Children are exposed to many different contaminants in the environment. Measures of contaminants in air, water, land, and food provide indirect indications of children's potential exposure to these contaminants. Both environmental and biomonitoring measurements (e.g., levels of contaminants in blood and urine) are needed to more fully characterize children's exposures. Increasing efforts are under way to assess exposures through biomonitoring and to develop children's indicators based on these measurements.
- *Environmental quality.* Although this report provides indicators for contaminants in both outdoor and indoor air, regular sources of national data are needed to assess indoor air contaminants other than environmental tobacco smoke (e.g., pesticides) that are commonly encountered in homes, schools, and child care settings. National data are needed to better characterize levels of contaminants in children's drinking water. Indicators are also needed for food and soil contaminants and for cumulative exposures to multiple environmental contaminants that children encounter daily.
- *Exposure to violence.* Although this report provides indicators for direct crime victimization, child maltreatment, and child and adolescent injury and mortality, regular sources of national data are needed to assess children's exposure to violence, including witnessing violence in the home, school, and community. Research suggests that witnessing violence can have detrimental effects similar to being a direct victim of violence. Additional work is needed to develop a national indicator for exposure to violence.
- *Homelessness.* In this report, the U.S. Department of Housing and Urban Development has presented 2011 data on the numbers of homeless children at a single point in time and the number of homeless children served by shelters and transitional housing. Continuing data improvements are needed to estimate the prevalence of homeless children with greater accuracy. Additional information is also needed about the characteristics of homeless children and consequences of homelessness for families and children.

Behavior

The well-being of young people can be affected by aspects of their behavior and social environments. The indicators in this section focus on illegal and high-risk behaviors. Substance use behaviors are shown for regular cigarette smoking, alcohol use, and illicit drug use. Other indicators in this section present data on behaviors such as sexual activity and perpetration of serious violent crime.

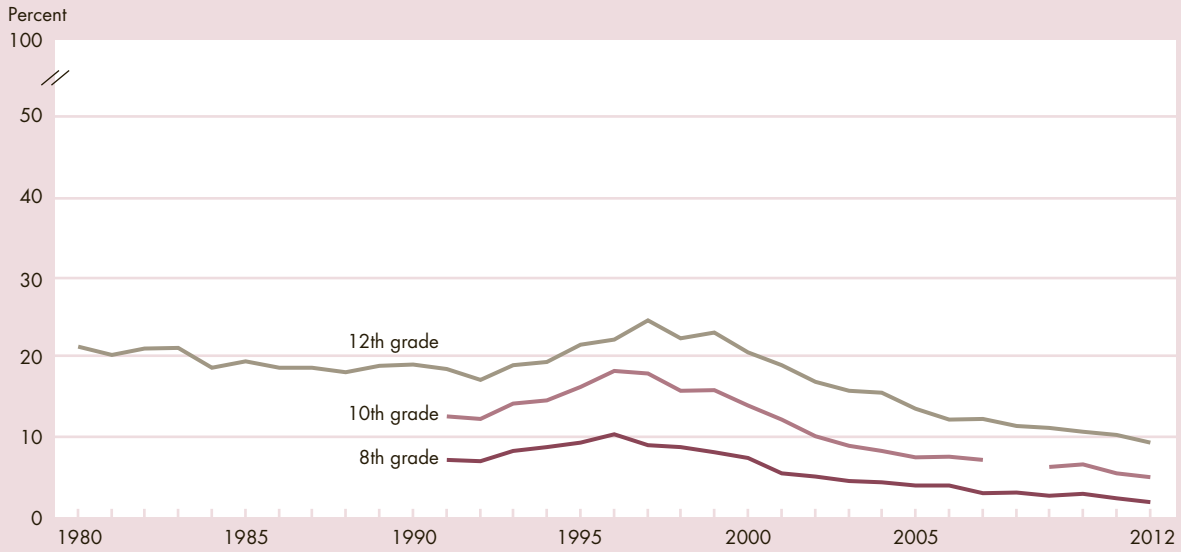


Regular Cigarette Smoking

Smoking has serious long-term consequences, including the risk of smoking-related diseases and premature death, as well as the increased health care costs with treating associated illnesses.[88] Over 443,000 annual deaths are attributable to tobacco use, making tobacco more lethal than all other addictive drugs. Nearly 80 percent of smokers start smoking by age 18. Each day in the United States, approximately 3,800 young people under 18 years of age smoke their first cigarette, and an estimated 1,000 youth in that age group become daily cigarette smokers.[89] The high rate of incidence and the consequences of cigarette smoking 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 past 30 days by grade, 1980–2012



NOTE: Data for 10th-graders for 2008 are not included because estimates are considered to be unreliable due to sampling error. See http://www.monitoringthefuture.org/data/09data.html#2009data-drugs.

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

- In 2012, the percentages of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the past 30 days were the lowest in the history of the survey.
- In 2012, some 2 percent of 8th-grade students, 5 percent of 10th-grade students, and 9 percent of 12th-grade students reported smoking cigarettes daily in the past 30 days, compared with their respective peaks in the mid-1990s of 10, 18, and 25 percent.
- Among both male and female 8th-grade students, 2 percent reported daily smoking in 2012, a rate that starts to diverge by gender as children age: among 10th-graders, 6 percent of male and 4 percent of female 10th-grade students reported daily smoking, and 11 percent of male and 7 percent of female 12th-grade students reported daily smoking in 2012.
- Also in 2012, about 12 percent of White, non-Hispanic 12th-grade students reported smoking cigarettes daily in the past 30 days, compared with 5 percent of Black, non-Hispanic and 5 percent of Hispanic 12th-grade students.

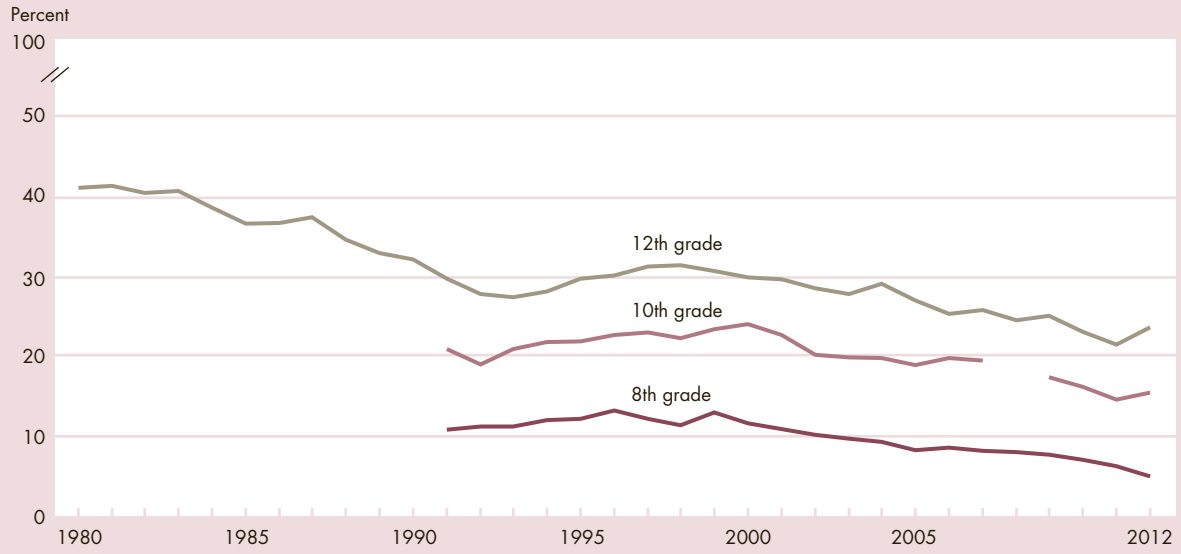
Bullets contain references to data that can be found in Table BEH1 on page 151. Endnotes begin on page 77.

Alcohol Use

Alcohol is the most common psychoactive substance used during adolescence. Its use is associated with motor vehicle accidents, injuries, and deaths, problems in school and in the workplace, and fighting, crime, and other serious consequences.[90] Early onset of binge 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 these 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, 1980–2012



NOTE: Data for 10th-graders for 2008 are not included because estimates are considered to be unreliable due to sampling error. See http://www.monitoringthefuture.org/data/09data.html#2009data-drugs.

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

- Binge drinking declined from the most recent peaks of 13 percent in 1996 to 5 percent in 2012 for 8th-grade students, from 24 percent in 2000 to 16 percent in 2012 for 10th-grade students, and from 32 percent in 1998 to 24 percent in 2012 for 12th-grade students.
- In 2012, about 5 percent of male and 6 percent of female 8th-grade students reported binge drinking; among 10th-grade students, the proportion was 16 percent for males and 15 percent for females. Twenty-seven percent of 12th-grade males reported binge drinking, compared with 20 percent of 12th-grade females.
- For 12th-grade students in 2012, the percentages of White, non-Hispanic and Hispanic students who reported binge drinking were approximately double the percentage of Black, non-Hispanic students who reported binge drinking (26, 22, and 11 percent, respectively).

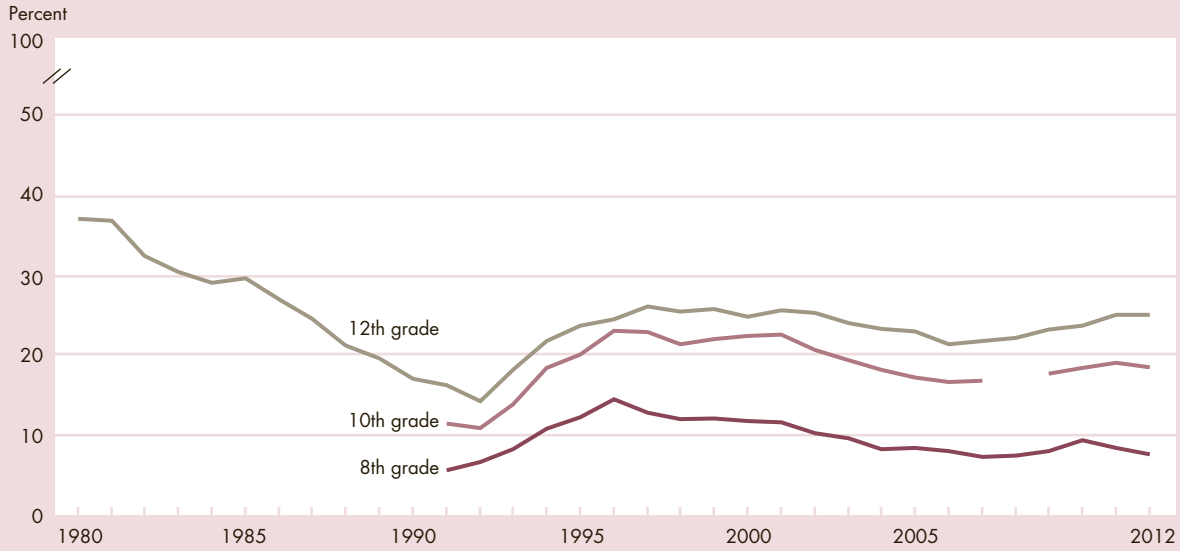
Bullets contain references to data that can be found in Table BEH2 on page 152. Endnotes begin on page 77.

Illicit Drug Use

Drug use by adolescents can have immediate as well as long-term health and social consequences. Marijuana use poses both cognitive and health risks, particularly damage to pulmonary functions as a result of chronic use.[91,92] The abuse of prescription and over-the-counter drugs can be addictive and put abusers at risk for other adverse health effects, including overdose—especially when taken along with other drugs or alcohol. Hallucinogens can affect brain chemistry and result in problems with memory and learning new information.[93] 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 reported using illicit drugs in the past 30 days by grade, 1980–2012



NOTE: Use of "illicit drugs" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other narcotics, amphetamines, barbiturates, or tranquilizers not under a doctor's orders. For 8th- and 10th-graders, the use of other narcotics and barbiturates has been excluded because these younger respondents appear to over report use (perhaps because they include the use of nonprescription drugs in their responses). Data for 10th-graders for 2008 are not included because estimates are considered to be unreliable due to sampling error. See http://www.monitoringthefuture.org/data/09data.html#2009data-drugs.

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

- Illicit drug use in the past 30 days remained stable at 8 percent among 8th-grade students, 19 percent among 10th-grade students, and 25 percent among 12th-grade students from 2011 to 2012.
- Eight percent of male and 7 percent of female 8th-grade students reported using illicit drugs in the past 30 days in 2012. Among 10th-grade students, the percentages were 21 percent for males and 16 percent for females. Among 12th-grade students, the percentages were 29 percent for males and 21 percent for females.
- Reports of illicit drug use in the past 30 days have declined among 8th- and 10th-grade students from peaks of 15 percent and 23 percent, respectively, in 1996.

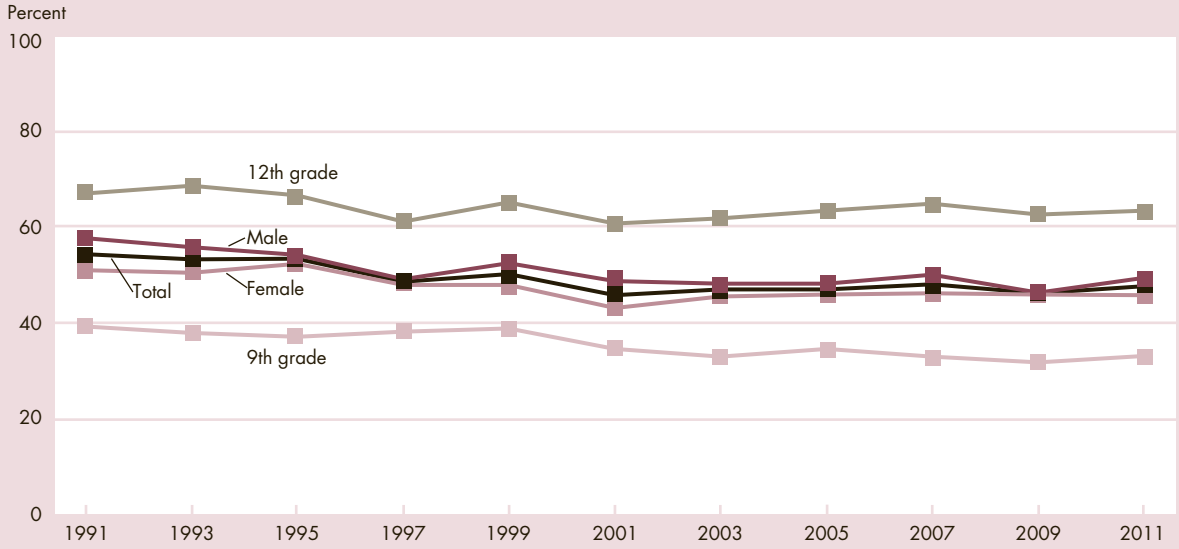
Bullets contain references to data that can be found in Table BEH3 on page 153. Endnotes begin on page 77.

Sexual Activity

Early sexual activity is associated with emotional[94] and physical health risks. Youth who engage in sexual activity are at risk of contracting sexually transmitted infections (STIs) and becoming pregnant. STIs, including HIV, can infect a person for a lifetime and have consequences including disability and early death. Meanwhile, delaying sexual initiation is associated with a decrease in the number of lifetime sexual partners,[95] and decreasing the number of lifetime partners is associated with a decrease in the rate of STIs.[96,97] Additionally, teen pregnancy is associated with a number of negative risk factors, not only for the mother but also for her child (see FAM6).[98]

Indicator BEH4

Percentage of high school students who reported ever having had sexual intercourse by gender and selected grades, selected years 1991–2011



NOTE: Students were asked, "Have you ever had sexual intercourse?" Data are collected biennially.

SOURCE: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Youth Risk Behavior Surveillance System.

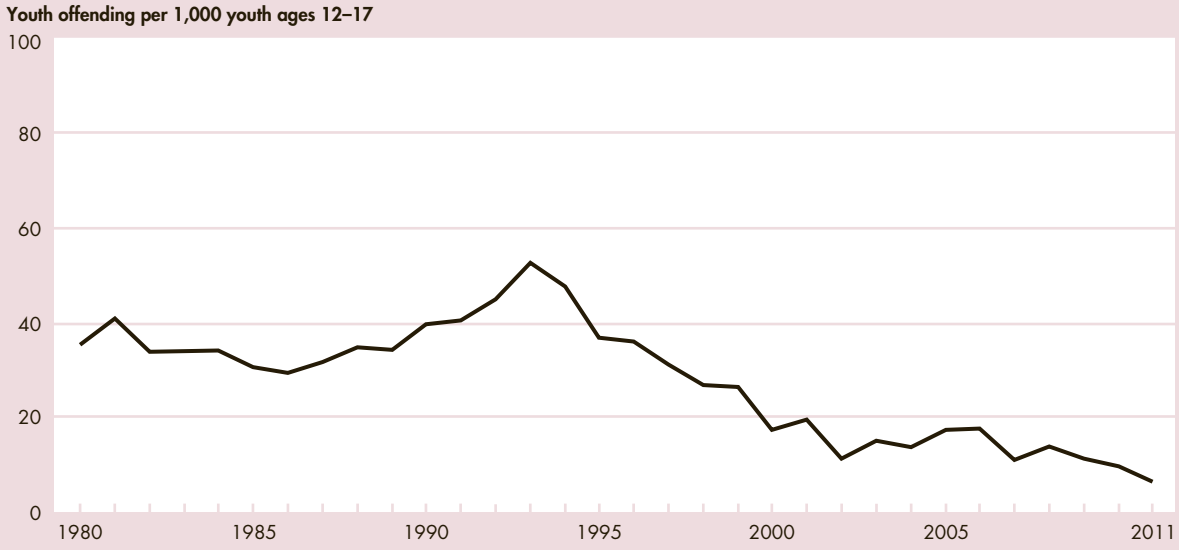
- In 2011, about 47 percent of high school students reported ever having had sexual intercourse.
- The proportion of students who reported ever having had sexual intercourse declined significantly from 1991 (54 percent) to 2001 (46 percent) and remained relatively stable from 2001 to 2011.
- The percentage of students who reported ever having had sexual intercourse differed by grade. In 2011, about 33 percent of 9th-grade students reported ever having had sexual intercourse, compared with 44 percent of 10th-grade students, 53 percent of 11th-grade students, and 63 percent of 12th-grade students.
- Overall, the rates of sexual intercourse were higher among males (49 percent) than females (46 percent), and also differed by gender within some racial and ethnic groups. In 2011, approximately 67 percent of Black, non-Hispanic male students reported ever having had sexual intercourse, compared with 54 percent of Black, non-Hispanic female students; 53 percent of Hispanic male students reported ever having had sexual intercourse, compared with 44 percent of Hispanic female students.[99]
- In 2011, about 18 percent of students who had sexual intercourse in the past 3 months reported that they or their partner had used birth control pills before their last sexual intercourse, and 60 percent reported condom use. Condom use increased from 46 percent in 1991 to 63 percent in 2003, then remained relatively stable through 2011.

Bullets contain references to data that can be found in Tables BEH4.A–BEH4.C on pages 154–156. Endnotes begin on page 77.

Youth Perpetrators of Serious Violent Crimes

The level of youth violence in society can be viewed as an indicator of youths' ability to control their behavior and 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 youth violence is the rate of serious violent crimes committed by juveniles.

Indicator BEH5 **Rate of serious violent crimes by youth perpetrators ages 12–17, 1980–2011**



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 12–17 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. Homicide data were not available for 2011 at the time of publication. The number of homicides for 2010 is included in the overall total for 2011. In 2010, homicides represented less than 1 percent of serious violent crime, and the total number of homicides by juveniles has been relatively stable over the last decade. 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. See *Criminal Victimization, 2006*, http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=765.

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

- In 2011, the serious violent crime offending rate was 6 crimes per 1,000 juveniles ages 12–17, with a total of 154,000 such crimes involving juveniles. This was similar to the rate in 2010, but it was substantially lower than the 1993 peak rate of 52 crimes per 1,000 juveniles ages 12–17.
- Since 1980, serious violent crime involving juvenile offenders has ranged from 19 percent of all serious violent crimes in 1982 to 26 percent in 1993, the peak year for youth violence. In 2011, some 10 percent of all such victimizations reportedly involved a juvenile offender.
- In 58 percent of all serious violent juvenile crimes reported by victims in 2011, more than one offender was involved in the incident. Because insufficient information exists to determine the ages of each individual offender when a crime is committed by more than one perpetrator, 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 perpetrated by a juvenile.

Bullets contain references to data that can be found in Table BEH5 on page 157.

Indicators Needed

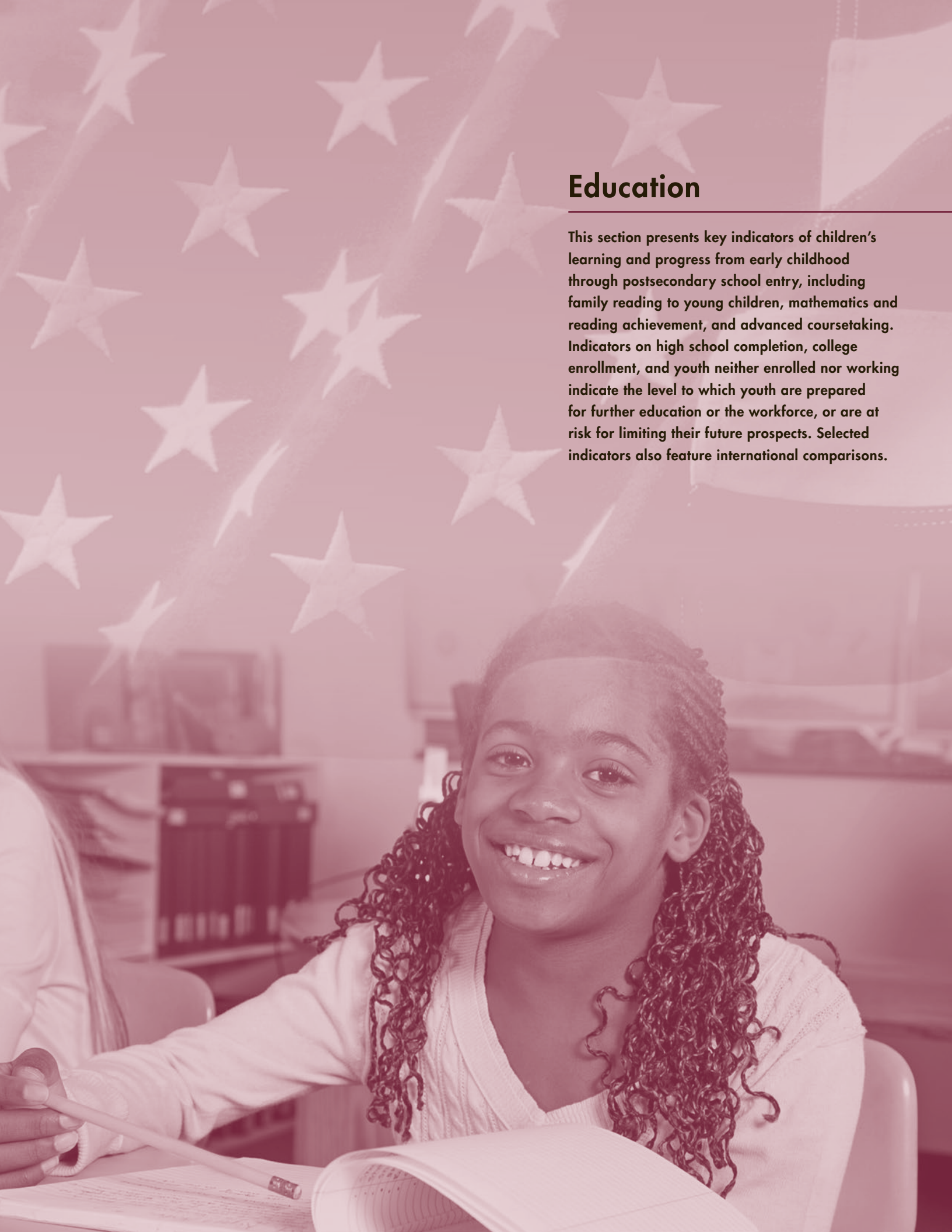
Behavior

A broader set of indicators than those presented in this section is needed to adequately monitor the behaviors of youth. Additional behavioral measures are needed on:

- *Activities promoting health and development.* The participation of youth in a broad range of activities (e.g., volunteering, part-time employment, after-school activities) has been linked to positive developmental outcomes. However, additional research is needed to ascertain how and under what circumstances such activities relate to success in later life. The Forum has presented "Youth Employment While in School" and "Participation in Volunteer Activities" as special features in past *America's Children* reports. However, we currently lack regular indicators on youth involvement in various organized activities, as well as data to monitor specific health-promoting behaviors such as exercise.
- *Youth in the justice system.* The youth perpetrators of serious violent crime indicator does not provide critical information on the involvement of youth in the juvenile and criminal justice systems, 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 jails, prisons, and juvenile facilities. 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.

Education

This section presents key indicators of children's learning and progress from early childhood through postsecondary school entry, including family reading to young children, mathematics and reading achievement, and advanced coursetaking. Indicators on high school completion, college enrollment, and youth neither enrolled nor working indicate the level to which youth are prepared for further education or the workforce, or are at risk for limiting their future prospects. Selected indicators also feature international comparisons.

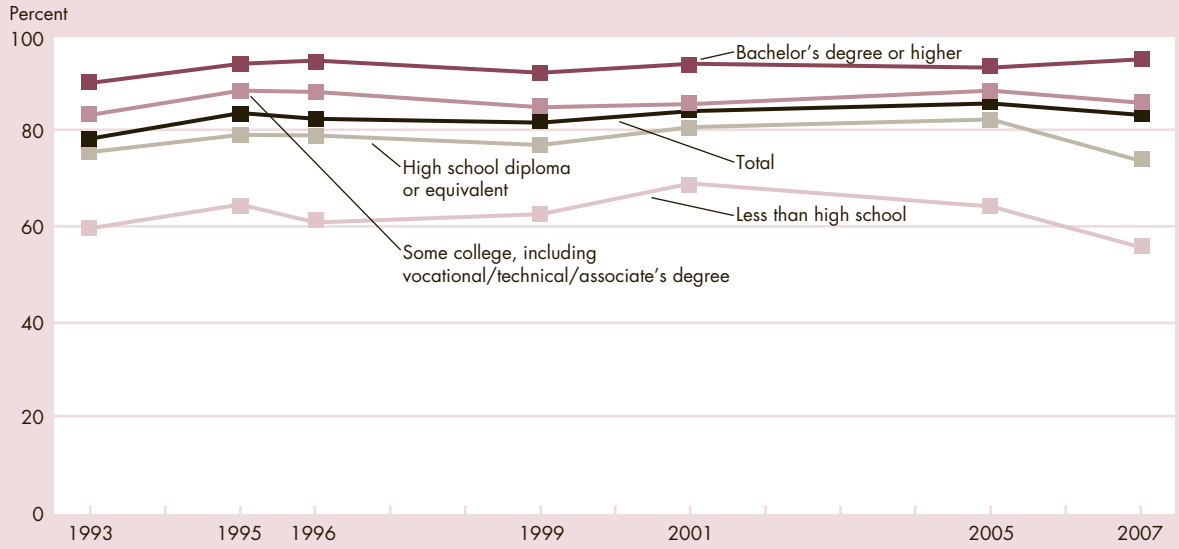


Family Reading to Young Children

Reading to young children promotes language acquisition and is linked with literacy development and, later on, with achievement in reading comprehension and overall success in school.[100] The percentage of young children read to 3 or more times per week by a family member is one indicator of how well young children are being prepared for school.

Indicator ED1

Percentage of children ages 3–5 who were read to 3 or more times in the last week by a family member by mother's education, selected years 1993–2007



NOTE: Data are available for 1993, 1995, 1996, 1999, 2001, 2005, and 2007. Estimates are based on children ages 3–5 who have yet to enter kindergarten. Children without mothers in the home are not included in estimates.

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

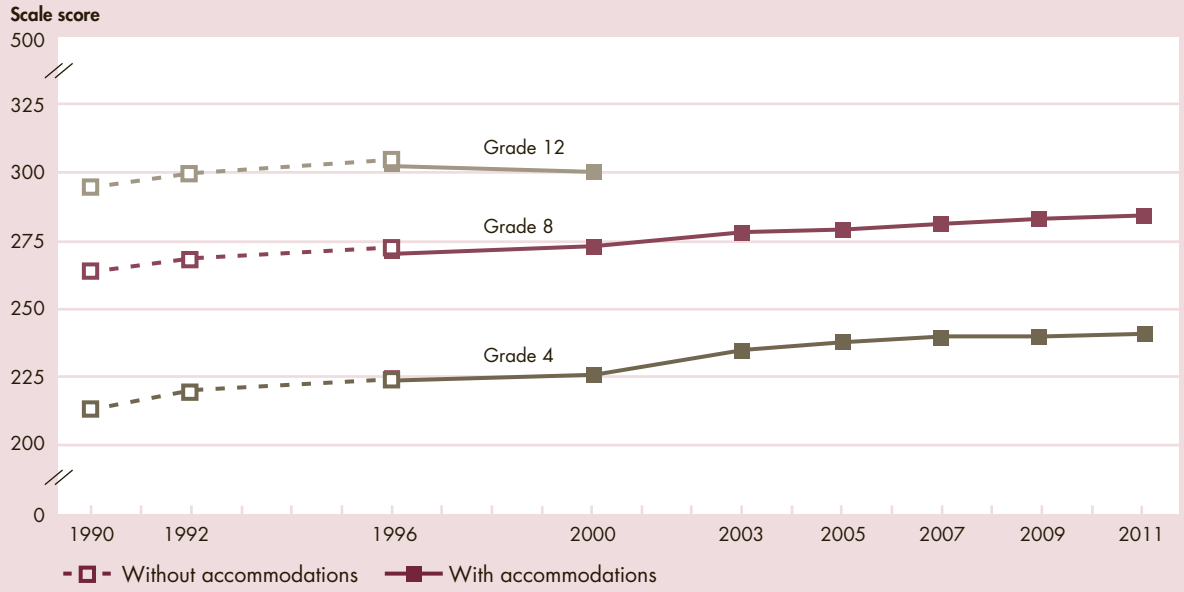
- Eighty-three percent of children ages 3–5 who were not yet in kindergarten were read to 3 or more times per week by a family member in 2007. This rate was higher than the rate in 1993 (78 percent), but the rate fluctuated in intervening years.
- The percentage of Hispanic children who were read to 3 or more times per week in 2007 (68 percent) was lower than that for their White, non-Hispanic (91 percent), Black, non-Hispanic (78 percent), and Asian/Pacific Islander (87 percent) peers. While this percentage was lower for Black, non-Hispanics than for Whites, there was no measurable difference between the percentages for Black, non-Hispanics and Asians/Pacific Islanders.
- In 2007, the percentage of children in families with incomes 200 percent or more of the poverty level who were read to 3 or more times per week by a family member (89 percent) was higher than the percentages of children in families with incomes below the poverty level (71 percent) and those in families with incomes 100–199 percent of the poverty level (81 percent).
- A higher percentage of children from two-parent households than children from single-parent households were read to 3 or more times per week in 2007. Eighty-five percent of children in two-parent households were read to 3 or more times per week by a family member, compared with 77 percent of children living with one parent.
- In 2007, some 95 percent of children whose mothers had at least a bachelor's degree were read to 3 or more times per week. In comparison, reading 3 or more times per week occurred for 86 percent of children whose mothers had some college education, for 74 percent of children whose mothers had a high school diploma or equivalent but no further education, and for 56 percent of children whose mothers had less than a high school diploma.
- The percentages of children who were read to 3 or more times per week by a family member in the Northeast and the Midwest (86 and 88 percent, respectively) were higher than the percentage in the West (79 percent) in 2007. The percentage of children who were read to 3 or more times per week was also higher in the Midwest than in the South (82 percent).

Bullets contain references to data that can be found in Table ED1 on page 158. Endnotes begin on page 77.

Mathematics and Reading Achievement

The extent and content of students' knowledge, as well as their ability to think, learn, and communicate, affect their likelihood of becoming productive adults and active citizens. Mathematics and reading achievement test scores are important measures of students' skills in these subject areas and are good indicators of overall achievement in school. To assess progress in mathematics and reading, the National Assessment of Educational Progress (NAEP) measures trends in the academic performance of students in grades 4, 8, and 12.

Indicator ED2.A **Average mathematics scale scores for students in grades 4, 8, and 12, selected years 1990–2011**

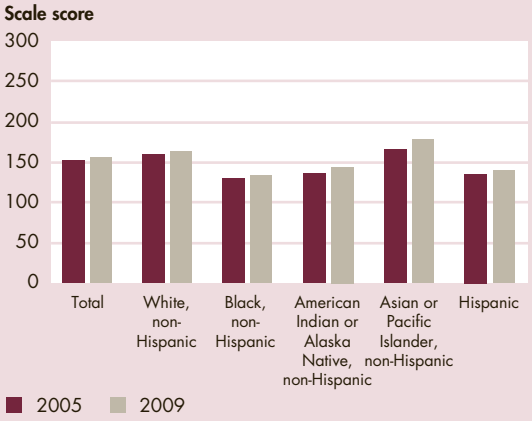


NOTE: Data are available for 1990, 1992, 1996, 2000, 2003, 2005, 2007, 2009, and 2011, although the 2003, 2007, and 2011 assessments only included grades 4 and 8. After 2000, assessment results for grade 12 are not comparable with those from previous assessment years. In the early years of the assessment, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English proficient students were not permitted. In 1996, scores are provided for both the assessments with and without accommodations to show comparability across the assessments.

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

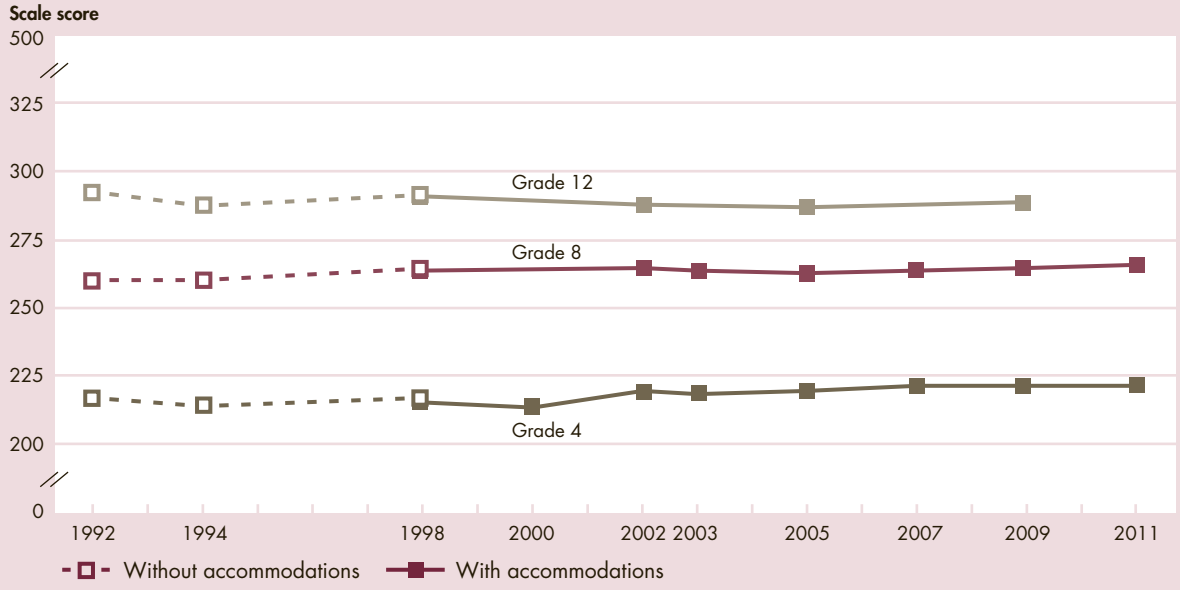
- At grades 4 and 8, the average NAEP mathematics score in 2011 was higher than the scores in all previous assessment years, including 1 point higher than the scores in 2009.
- The framework for the 12th-grade mathematics assessment was revised in 2005; as a result, the 2005 and 2009 results cannot be compared with those from previous years.[101] At grade 12, the average mathematics score in 2009 was 3 points higher than in 2005 (153 versus 150, on a scale of 0–300).
- As of 2011, separate data are available for Asian students and Native Hawaiian or Pacific Islander students. At grades 4 and 8 in 2011 and grade 12 in 2009, Asian students had the highest mathematics scores, on average, and White students scored higher than their peers in the remaining racial and ethnic groups. Several other differences were found among students by race and Hispanic origin at each grade. For example, at grade 4, Native Hawaiian or Pacific Islander students outscored their Black, non-Hispanic, American Indian or Alaska Native, and Hispanic peers in mathematics. At grade 8, for instance, Hispanic, Native Hawaiian or Pacific

Indicator ED2.B **Average mathematics scale scores for students in grade 12 by race and Hispanic origin,[102] 2005 and 2009**



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

Indicator ED2.C **Average reading scale scores for students in grades 4, 8, and 12, selected years 1992–2011**



NOTE: Data are available for 1992, 1994, 1998, 2000, 2002, 2003, 2005, 2007, 2009, and 2011, although the 2000 assessment only included grade 4, and the 2003, 2007, and 2011 assessments only included grades 4 and 8. In the early years of the assessment, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English proficient students were not permitted. In 1998, scores are provided for both the assessments with and without accommodations to show comparability across the assessments.

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

Islander, and American Indian or Alaska Native students scored higher than Black, non-Hispanic students. At grade 12, American Indian or Alaska Native students scored higher than Hispanic students, who scored higher than Black students.

- The Trends in International Mathematics and Science Study (TIMSS) was administered in 57 countries and other education systems at grade 4 and in 56 at grade 8 in 2011. The United States was among the top 15 education systems in mathematics at grade 4 and among the top 24 at grade 8.[103]
- At grade 4, the average NAEP reading score in 2011 was 4 points higher than the score in 1992 but was unchanged from the average score in 2009. At grade 8, the average reading score in 2011 was 5 points higher than the score in 1992 and 1 point higher than the score in 2009. At grade 12, the average reading score in 2009 was 4 points lower than the score in 1992 but 2 points higher than the score in 2005.
- At grades 4 and 8 in 2011, Asian students had the highest reading scores, on average, of all the racial and ethnic groups; White students also scored higher, on average, than their other peers. In addition, Native Hawaiian or Pacific Islander 4th-graders scored higher, on average, than Black, non-Hispanic, American Indian or Alaska Native, and Hispanic students. At grade 8, Black students had the lowest average reading scores of all the racial and ethnic groups. At grade 12 in 2009, the average reading scores of Asian or Pacific Islander, and White students were higher than those of their peers. In addition, on average, Black, non-Hispanic 12th-graders scored the lowest on the reading assessment.
- At grades 4 and 8 in 2011 and grade 12 in 2009, females scored lower, on average, than males in mathematics but higher than males in reading.
- The Progress in International Reading Literacy Study (PIRLS) was carried out in 53 countries and other education systems at the 4th-grade level in 2011. At grade 4, the United States was among the top 13 education systems in reading.[104]

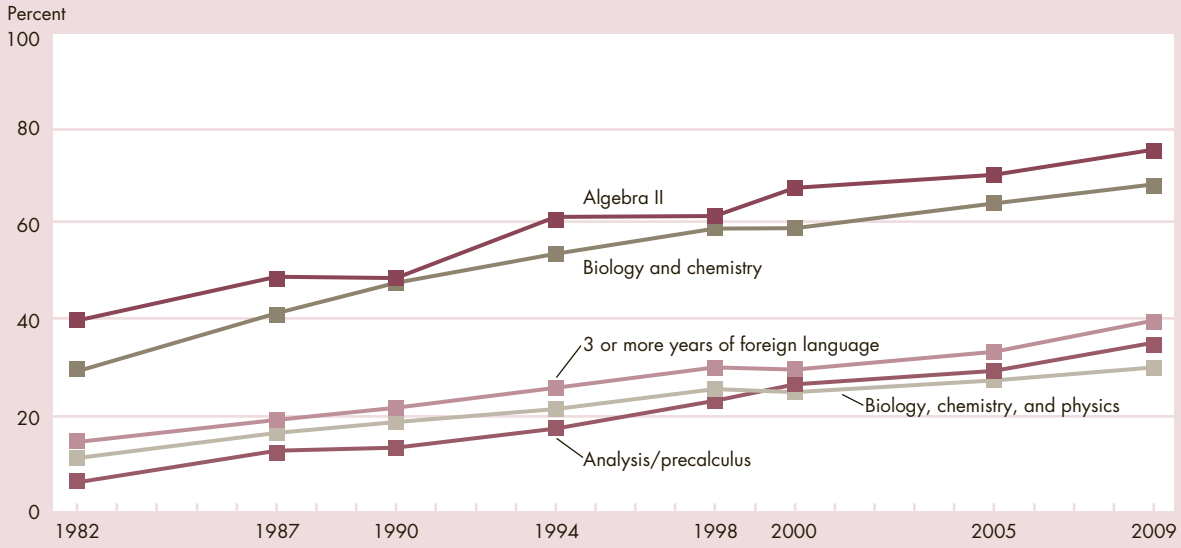
Bullets contain references to data that can be found in Tables ED2.A/B and ED2.C on pages 159–162. Endnotes begin on page 77.

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. More recent reforms have emphasized increasing the rigor, as well as the number, of courses taken. Research suggests a positive relationship between the level of difficulty of courses students take and their performance on assessments.[105,106]

Indicator ED3

Percentage of high school graduates who had completed selected coursework in mathematics, science, and foreign language, selected years 1982–2009



NOTE: Data reflect only the percentage of graduates who earned credit for each course while in high school and do not count those graduates who took these courses prior to entering high school. "Algebra II" includes courses in which trigonometry or geometry has been combined with algebra II. The percentage for "biology and chemistry" indicates the percentage of graduates who completed at least one credit each in a biology and a chemistry course. The percentage for "biology, chemistry, and physics" indicates the percentage of graduates who had completed at least one course each in a biology, a chemistry, and a physics course. "Foreign language" includes a year 3, year 4, or advanced placement/international baccalaureate/honors course.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School Transcript Studies: High School and Beyond Study of 1980 Sophomores, and National Assessment of Educational Progress Transcript Study.

- The percentage of 2009 high school graduates who had successfully completed a mathematics course in algebra II was higher than the corresponding percentage for 1982 graduates (76 vs. 40 percent). Also, a higher percentage of 2009 high school graduates than of 1982 graduates had taken a mathematics course in analysis/precalculus (35 vs. 6 percent). Eleven percent of those who graduated in 2009 had taken a course in advanced placement (AP)/international baccalaureate (IB)/honors calculus, compared with 2 percent in 1982.
- In 2009, some 68 percent of all high school graduates had taken at least one course each in biology and chemistry, compared with 29 percent of all high school graduates in 1982. The percentage of high school graduates who had taken at least one course each in biology, chemistry, and physics was also higher in 2009 than in 1982 (30 vs. 11 percent). Higher percentages of 2009 high school graduates than of 1982 graduates had taken AP/IB/honors biology (22 vs. 10 percent), AP/IB/honors chemistry (6 vs. 3 percent), and AP/IB/honors physics (6 vs. 1 percent).
- Since 1990, a majority of high school graduates have taken at least four courses in English. Eighty-eight percent of 2009 high school graduates took at least four courses in English.[107]
- In foreign languages, the percentage of high school graduates who had taken a year 3, year 4, or AP/IB/honors course increased from 15 percent in 1982 to 40 percent in 2009. Eighty-six percent of 2009 high school graduates had taken at least some foreign language coursework, compared with 54 percent of 1982 graduates.
- In general, the percentages of students who took the aforementioned courses in mathematics, science, and foreign languages increased from 2005 to 2009.
- In 2009, high school graduates who completed a rigorous curriculum earned the highest scores on the National Assessment of Educational Progress in mathematics and science.[108]

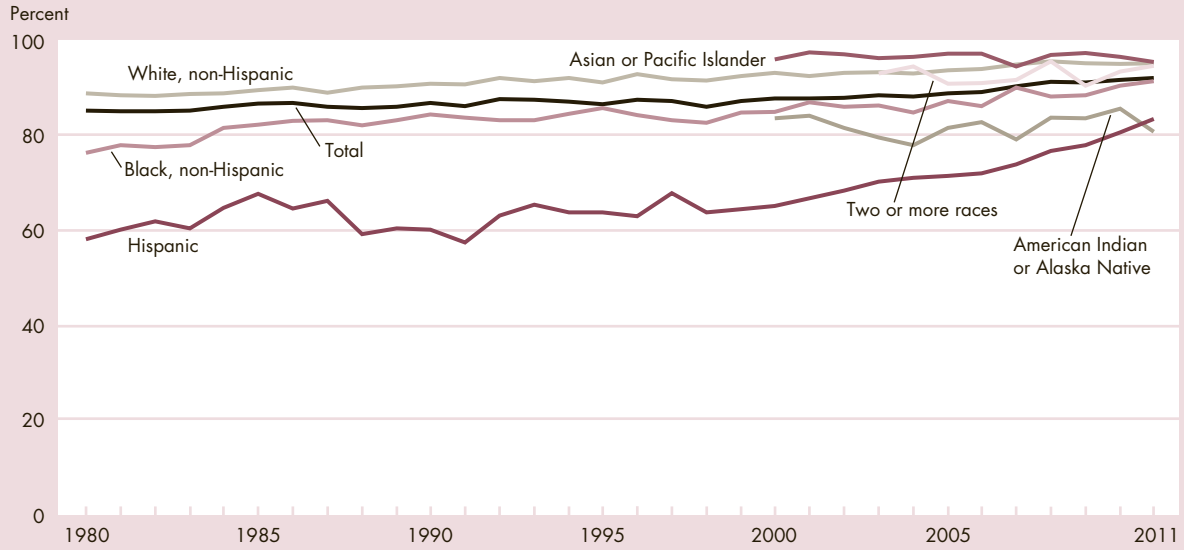
Bullets contain references to data that can be found in Tables ED3.A–ED3.C on pages 163–165. Endnotes begin on page 77.

High School Completion

Attainment of a high school diploma or its equivalent is an indicator that a person has acquired the basic reading, writing, and mathematics skills needed 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 ED4

Percentage of young adults ages 18–24 who have completed high school by race and Hispanic origin, 1980–2011



NOTE: Percentages are based only on those not currently enrolled in high school or a lower education level. Prior to 1992, high school completion was measured by the completion of 4 or more years of high school rather than the actual attainment of a high school diploma or equivalent. For data before 2003, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

- In 2011, about 91 percent of young adults ages 18–24 had completed high school with a diploma or an alternative credential such as a General Educational Development (GED) certificate. The high school completion rate has increased since 1980, when it was 84 percent.
- The rate at which Black, non-Hispanic young adults completed high school increased from 75 to 90 percent between 1980 and 2011. Among White, non-Hispanics, the high school completion rate increased from 88 percent in 1980 to 94 percent in 2011.
- The high school completion rate for Hispanic young adults increased from 57 percent in 1980 to 82 percent in 2011. Nonetheless, Hispanic young adults have had a consistently lower high school completion rate than White, non-Hispanic and Black, non-Hispanic young adults.
- In 2011, higher percentages of White, non-Hispanic and Asian or Pacific Islander young adults (both 94 percent) had completed high school, compared with Black, non-Hispanic young adults (90 percent), American Indian or Alaska Native young adults (80 percent), and Hispanic young adults (82 percent).

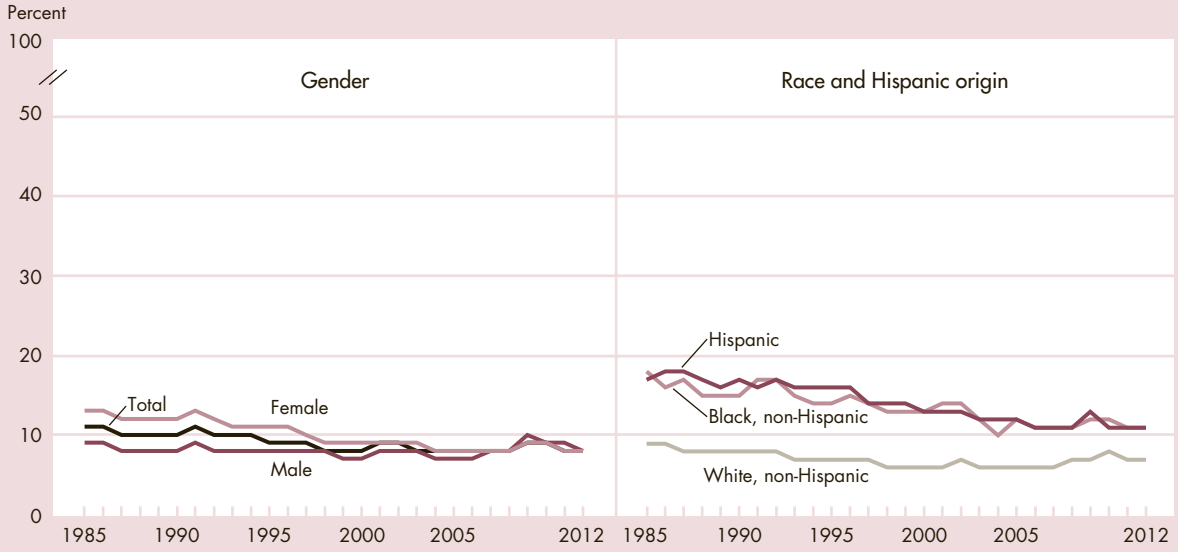
Bullets contain references to data that can be found in Table ED4 on page 166.

Youth Neither Enrolled in School nor Working

Youth ages 16–19 who are neither in school nor working are detached from these core activities, both of which play an important role in one's transition from adolescence to adulthood. Such detachment, particularly if it lasts for several years, hinders a youth's opportunity to build a work history that contributes to future higher wages and employability.[109] 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.

Indicator ED5

Percentage of youth ages 16–19 who are neither enrolled in school nor working, by gender and race and Hispanic origin, 1985–2012



NOTE: Data relate to the labor force and enrollment status of persons ages 16–19 in the civilian noninstitutionalized population during an "average" week of the school year. School refers to both high school and college. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

SOURCE: Bureau of Labor Statistics, Current Population Survey.

- During 2012, some 8 percent of youth ages 16–19 were neither enrolled in school nor working. Black, non-Hispanic youth and Hispanic youth were more likely than White, non- Hispanic youth to be neither enrolled in school nor working. In 2012, about 11 percent of both Black, non-Hispanic youth and Hispanic youth were neither in school nor working, compared with 7 percent of White, non-Hispanic youth.
- Older youth ages 18–19 are almost five times as likely to be detached from school and work activities as youth ages 16–17. In 2012, about 14 percent of youth ages 18–19 were neither enrolled in school nor working, compared with 3 percent of youth ages 16–17.
- Since 2000, the proportion of older youth, ages 18–19, who were employed and not enrolled in school declined by about one-half for both Black, non-Hispanic youth and Hispanic youth.
- Two-thirds of youth were enrolled in school and not employed in 2010. This proportion has been trending up since 2000, when it was about half of youth.[110] Almost three-fourths of Black, non-Hispanic youth were enrolled in school and not working, the highest proportion among races and ethnicities.
- In 2012, some 18 percent of youth were both enrolled in school and employed. The proportion of youth both enrolled in school and employed has been trending down since 1998, when it peaked at 31 percent, but declined at a slightly faster pace since the beginning of the recent economic downturn in 2007.
- Across the 30 OECD countries with comparable data, an average of 8 percent of 15–19 year olds were neither in education nor in the work force.[111] This percentage ranged from between 3 and 4 percent in Slovenia, Poland, Germany, the Czech Republic, and the Netherlands to 8 percent in the United States to more than 12 percent in Italy (13 percent), Spain (13 percent), Mexico (19 percent), Israel (23 percent), and Turkey (26 percent).

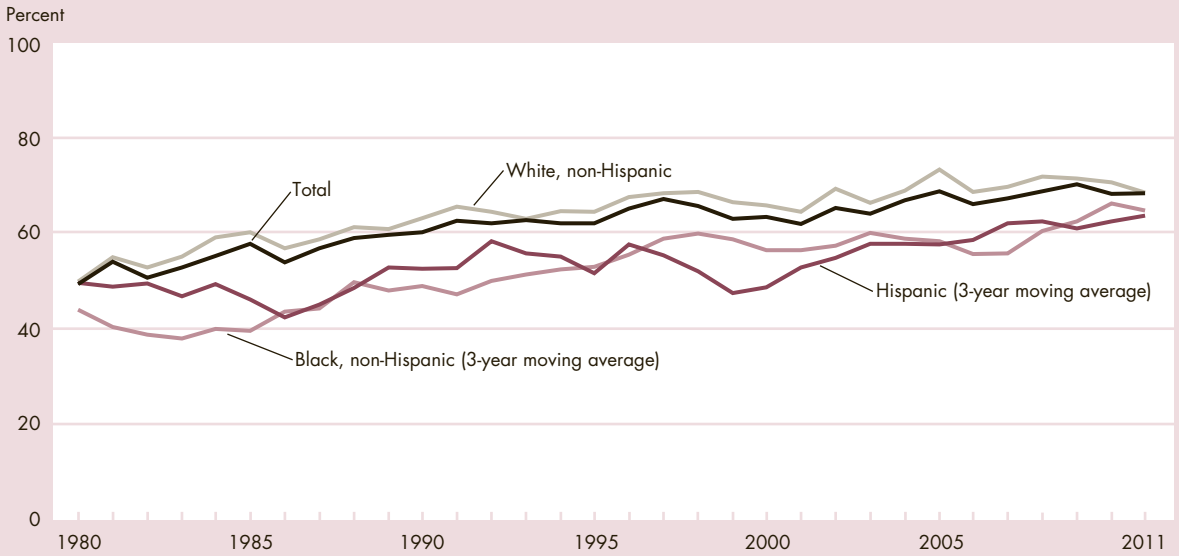
Bullets 1–5 contain references to data that can be found in Tables ED5.A and ED5.B on pages 167–168. Endnotes begin on page 77.

College Enrollment

A college education generally enhances a person's employment prospects and increases his or her earning potential.[112] The percentage of high school completers who enroll in college in the fall immediately after high school is one measure of the accessibility and perceived value of a college education by high school completers.[113]

Indicator ED6

Percentage of high school completers who were enrolled in college the October immediately after completing high school by race and Hispanic origin, 1980–2011



NOTE: Enrollment in college, as of October of each year, is for individuals ages 16–24 who completed high school during the preceding 12 months. High school completion includes General Educational Development (GED) recipients. Moving averages are used to produce more stable estimates. A 3-year moving average is the average of the estimates for the year prior to the reported year, the reported year, and the following year. For 2011, a 2-year moving average is used, reflecting an average of the 2010 and 2011 estimates. For data before 2003, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Also beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

- In 2011, some 68 percent of high school completers enrolled immediately in a 2-year or 4-year college.
- Between 1980 and 2011, the rate of immediate college enrollment trended upward from 49 percent to 68 percent; however, the rate fluctuated from year to year.
- In 1980, about 50 percent of White, non-Hispanic high school completers immediately enrolled in college; this rate increased to 69 percent by 1998 and subsequently decreased to 64 percent by 2001. The immediate college enrollment rate for White, non-Hispanics was not measurably different in 2011 (68 percent) than in 2001.
- Among Black, non-Hispanics and Hispanics, estimates of immediate college enrollment rates have fluctuated over time, very likely due to small sample sizes. For this reason, 3-year moving averages are used to measure the trends. In 1980, the immediate enrollment rate for Black, non-Hispanic high school completers was 44 percent; this rate increased to 65 percent in 2011. Since 1999, the moving average for Hispanic high school completers has increased steadily, from 47 percent in 1999 to 63 percent in 2011.
- From 1980 to 2011, the immediate enrollment rate for male high school completers increased from 47 percent to 65 percent, and the rate for female high school completers increased from 52 percent to 72 percent.
- In 2011, a higher percentage of female high school completers than of male high school completers enrolled immediately in a 2-year or 4-year college (72 vs. 65 percent). The enrollment percentage for females was also higher than for males in 1991, 1996–1998, 2000, 2002–2004, and 2008–2010.

Bullets contain references to data that can be found in Table ED6 on page 169. Endnotes begin on page 77.

Indicator Needed

Education

Regular, periodic data collections are needed to provide 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 track the cognitive, emotional, and social skills of preschoolers and young children over time. Data from the Early Childhood Longitudinal Study, Kindergarten Class (ECLS-K) (a periodic longitudinal study) have previously been showcased in the report: an assessment of 1998–1999 kindergartners' skills and knowledge, which was presented as a special feature in *America's Children, 2000.* The current special feature describes assessments of the knowledge and skills of kindergartners in 2010–2011. Building upon these and other efforts, the Forum's Research and Innovation committee continues its work to define and regularly measure the development of young children, particularly across the socioemotional domain. These findings will be presented to the Forum and will subsequently be available on the Childstats.gov Web site.

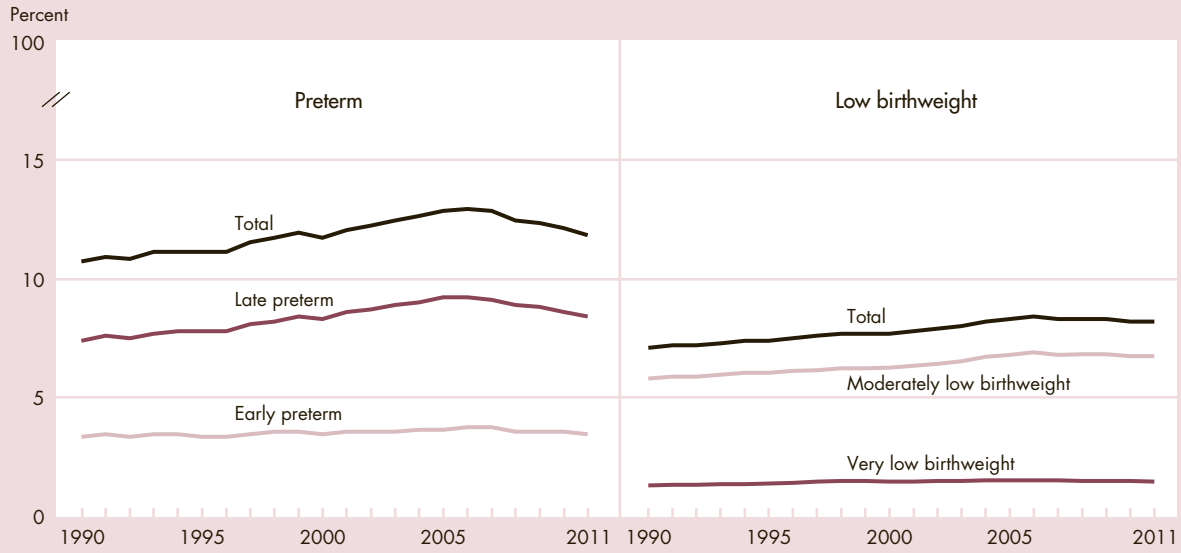
Health

The World Health Organization defines health as a "state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." This section presents indicators of several important aspects or determinants of child health. Some of the indicators in this section relate to birth outcomes such as low birthweight, preterm birth, and infant mortality. Other indicators describe key health conditions, including emotional or behavioral difficulties, adolescent depression, obesity, and asthma. An indicator on the quality of children's diets compares children's dietary intake to recommended national dietary guidelines. The indicator on activity limitation presents a global measure that gauges the effect of chronic health conditions on children's functioning.

Preterm Birth and Low Birthweight

Infants born preterm (less than 37 completed weeks of gestation) or with low birthweight (less than 2,500 grams or 5 lbs. 8 oz.) are at higher risk of early death and long-term health and developmental issues than infants born later in pregnancy or at higher birthweights.[114,115,116] Many, but not all, preterm infants are also low birthweight, and vice versa. In 2010, infants born preterm accounted for two-thirds of all low birthweight infants, and over 40 percent of preterm births were low birthweight.[6] Preterm infants born at less than 34 weeks (early preterm) are at high risk for poor outcomes, including chronic health conditions, long-term disability, and death. The majority of preterm births are infants born at 34–36 weeks (late preterm). Late preterm infants are at lower risk of poor outcomes than infants born earlier but are at higher risk than infants delivered at term or later.[114] Disorders related to preterm birth and low birthweight are the second leading cause of infant death in the United States.[114]

Indicator HEALTH1.A **Percentage of infants born preterm and percentage of infants born with low birthweight, 1990–2011**

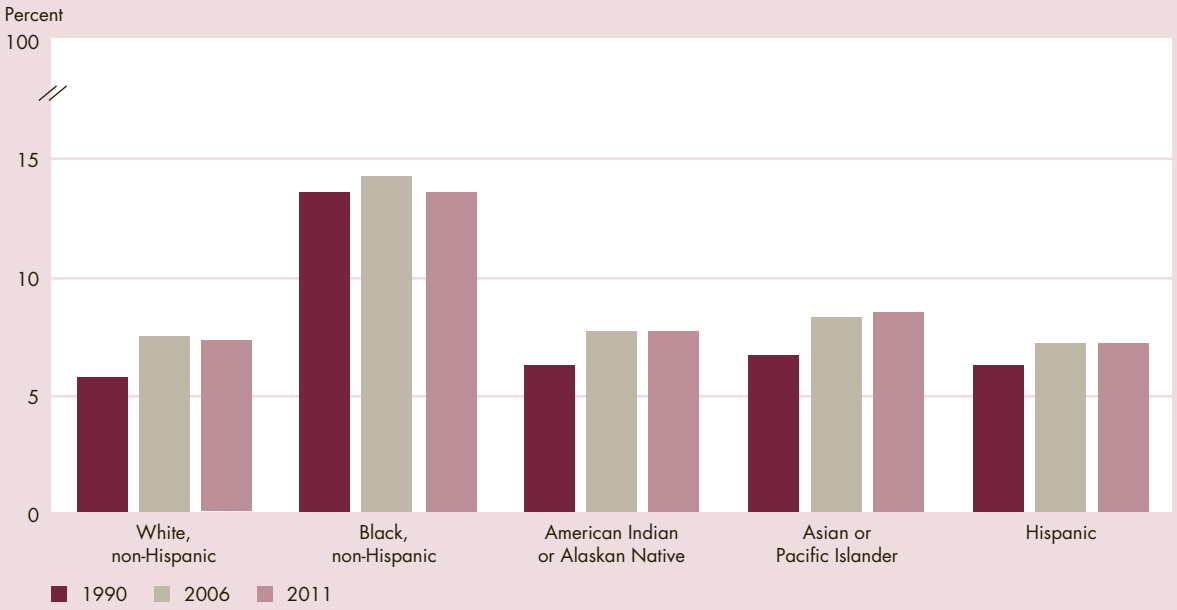


NOTE: Data for 2011 are preliminary. Late preterm infants are born at 34–36 weeks of gestation; early preterm infants are born at less than 34 weeks of gestation. Moderately low birthweight infants weigh 1,500–2,499 grams at birth; very low birthweight infants weigh less than 1,500 grams at birth.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

- The percentage of infants born preterm declined for the 5th straight year in 2011, to 11.7 percent, down from a high of 12.8 percent in 2006. The percentage of infants born with low birthweight was 8.1 in 2011, down from 8.3 percent in 2006.
- The percentage of preterm and low birthweight infants had been on the rise for several decades. From 1990 to 2006, the percentage of preterm births rose from 10.6 to 12.8 percent. The increase in late preterm births (from 7.3 to 9.1 percent) accounted for most of this change. The percentage of births that were early preterm rose from 3.3 to 3.7 percent over this period.
- The percentage of infants born with low birthweight rose from 7.0 percent of all births in 1990 to 8.3 percent in 2006. The percentage of very low birthweight infants was 1.4 percent in 2011, down slightly from the high of 1.5 percent reported for 2004 to 2009. The percentage of moderately low birthweight infants rose from 5.7 to 6.8 percent from 1990 to 2006, declined slightly, to 6.7, in 2007, and has been unchanged since.
- The increasing multiple birth rate was a contributing factor to the rise in preterm birth and low birthweight from 1990 to 2006. However, preterm and low birthweight levels rose substantially among singleton births as well.[6] Declines in singleton preterm birth and low birthweight rates since 2006 are similar to those for all births.

Indicator HEALTH1.B **Percentage of infants born with low birthweight by race and Hispanic origin of mother, 1990, 2006, and 2011**



NOTE: Data for 2011 are preliminary. Race refers to mother's race. The 1977 Office of Management and Budget (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. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standard for race and ethnicity statistics, 2006 and 2010 data from states reporting multiple races were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

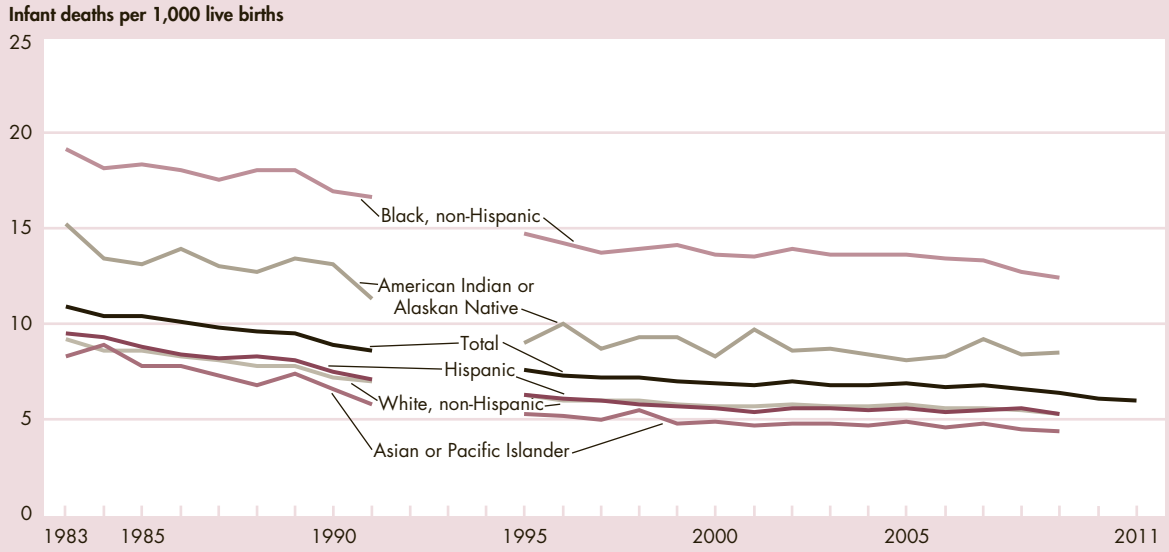
- Among racial and ethnic groups, Black, non-Hispanic women were the most likely to have a low birthweight infant in 2011 (13.3 percent, compared with 7.1 percent for White, non-Hispanic, 7.5 percent for American Indian/Alaskan Native, 8.3 percent for Asian or Pacific Islander, and 7.0 percent for Hispanic mothers). Similar differences in low birthweight by race and ethnicity were observed in previous years.
- Low birthweight levels fluctuated for Black, non-Hispanic births in recent years, ranging from lows of 13.1 to 13.2 percent for 1995 to 2001, to a high of 14.0 percent in 2005 and 2006. The 2011 percentage was 13.3 percent, the same as that for 1990. Among White, non-Hispanic infants, the percentage of low birthweight infants rose from 5.6 percent in 1990 to 7.3 percent in 2006, and declined to 7.1 percent in 2011. The percentage of low birthweight Hispanic infants rose between 1990 and 2006 (from 6.1 to 7.0 percent), and was 7.0 percent in 2011. Between 1990 and 2006, low birthweight percentages increased for American Indian or Alaskan Native infants (from 6.1 to 7.5 percent) and Asian or Pacific Islander infants (from 6.5 to 8.1 percent). In 2011, some 7.5 percent of American Indian or Alaskan Native infants were low birthweight, essentially unchanged since 2006. The percentage of Asian or Pacific Islander infants who were low birthweight increased from 8.1 percent in 2006 to 8.3 percent in 2011.
- In 2011, as in earlier years, Black, non-Hispanic women were more likely to have a preterm birth (16.8 percent) than White, non-Hispanic (10.5 percent) and Hispanic (11.7 percent) women.
- The 2011 percentage of Black, non-Hispanic infants born preterm (16.8 percent) was the lowest reported in the three decades for which comparable data are available. The percentage of preterm Black, non-Hispanic births declined from 19.0 percent in 1991 to 17.4 percent in 2000, rose to 18.5 percent in 2006, but has declined fairly steadily since (16.8 percent in 2011). From 1990 to 2006, the percentage of preterm births increased steadily for White, non-Hispanic infants (from 8.5 to 11.7 percent), but has since declined reaching 10.5 percent in 2011. The percentage of preterm Hispanic infants increased from 11.0 to 12.3 percent between 1990 and 2007, but declined to 11.7 in 2011.

Bullets contain references to data that can be found in Tables HEALTH1.A and HEALTH1.B on pages 170–171. Endnotes begin on page 77.

Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. Infant mortality is related to the underlying health of the mother, public health practices, socioeconomic conditions, and availability and use of appropriate health care for infants and pregnant women.[10] In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant, such as birth defects, or problems related to the pregnancy, such as preterm delivery.

Indicator HEALTH2 **Death rates among infants by race and Hispanic origin of mother, 1983–1991 and 1995–2011**



NOTE: Infant deaths are deaths before an infant's first birthday. Data from the file linking live births to infant deaths are available for 1983–1991 and 1995–2009 only. The mortality rate for 2010 was obtained from unlinked death records from the National Vital Statistics System (NVSS). The rate for 2011 was obtained from preliminary unlinked death records of the NVSS. These data are not currently available from the National Linked Files of Live Births and Infant Deaths. Race refers to mother's race. The 1977 Office of Management and Budget (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. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standard for race and ethnicity statistics, data from states reporting multiple races were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. Trends for the Hispanic population are affected by an expansion in the number of registration areas that included an item on Hispanic origin on the birth certificate.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

- The infant mortality rate of 6.0 deaths per 1,000 live births in 2011 was not statistically different from the rate of 6.1 in 2010.
- Substantial racial and ethnic disparities in infant mortality continue. Black, non-Hispanic and American Indian or Alaskan Native infants have consistently had higher infant mortality rates than those of other racial or ethnic groups. For example, in 2009, the Black, non-Hispanic infant mortality rate was 12.4 infant deaths per 1,000 live births and the American Indian or Alaskan Native rate was 8.5 per 1,000 live births; both rates were higher than the rates among White, non-Hispanic (5.3 per 1,000 live births), Hispanic (5.3 per 1,000 live births), and Asian or Pacific Islander (4.4 per 1,000 live births) infants.
- Infant mortality rates also vary within racial and ethnic populations. For example, among Hispanics in the United States, the infant mortality rate for 2009 ranged from a low of 4.5 deaths per 1,000 live births for infants of Central and South American origin to a high of 7.2 per 1,000 live births for Puerto Rican infants.

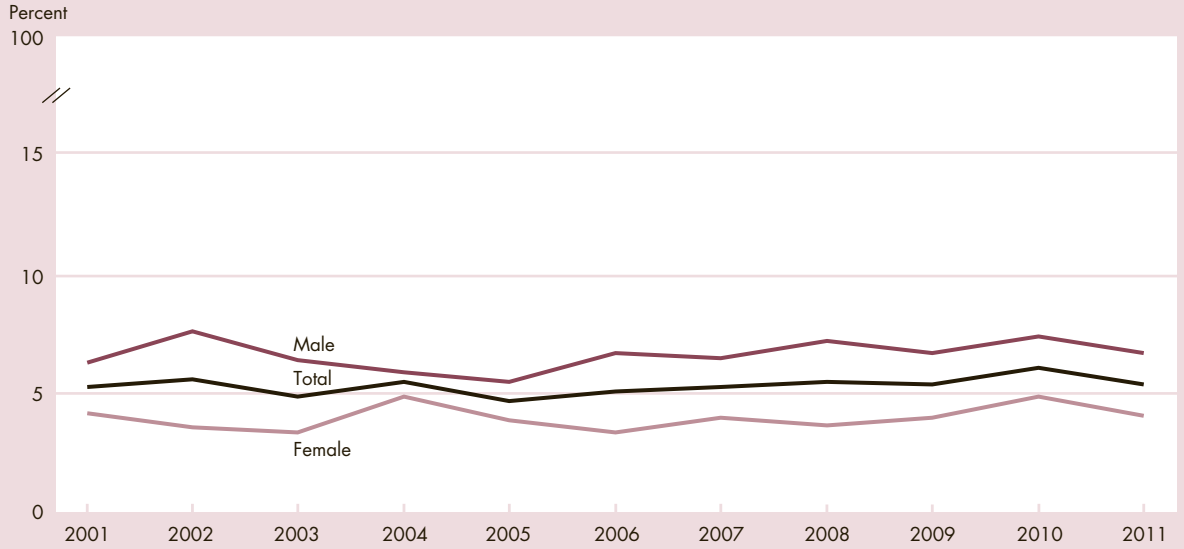
Bullets contain references to data that can be found in Table HEALTH2 on page 172. Endnotes begin on page 77.

Emotional and Behavioral Difficultie

Good emotional and behavioral health is an integral part of healthy development and enhances a child's sense of well-being, supports rewarding social relationships with family and peers, and facilitates achievement of full academic potential.[117] Children with emotional or 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, can lead to lifelong problems.[118] Parents play a crucial role in informing health professionals about a child's emotional and behavioral difficulties and obtaining mental health services.[119]

Indicator HEALTH3

Percentage of children ages 4–17 reported by a parent to have serious emotional or behavioral difficulties by gender, 2001–201



NOTE: Children with serious 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):[120] "Overall, do you think that (child) has difficulties in any 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. These difficulties may be similar to but do not equate with the Federal definition of serious emotional disturbances (SED), used by the Federal government for planning purposes.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

- In 2011, a little more than 5 percent of children ages 4–17 were reported by a parent to have serious difficulties with emotions, concentration, behavior, or being able to get along with other people.
- Between 2001 and 2011, the percentage of children with serious emotional or behavioral difficulties remained at about 5 percent.
- In 2011, the percentage of children with serious emotional or behavioral difficulties differed by gender. More males (7 percent) than females (4 percent) ages 4–17 were reported by a parent to have such difficulties.
- In 2011, about 8 percent of children living below the poverty level had serious emotional or behavioral difficulties, compared with 5 percent of children in families with incomes 100–199 percent of the poverty level and 4 percent of children with family incomes 200 percent or more of the poverty level.
- In 2011, the percentage of children with serious difficulties was twice as high among those from single-mother families (8 percent) than among those from two-parent families (4 percent).
- Among the parents of children with serious difficulties, 28 percent reported that their child received special education services for emotional or behavioral difficulties, 46 percent reported that they had contacted a general doctor about their child's emotional or behavioral difficulties, and 53 percent reported that they had contact with a mental health professional about their child's difficulties.
- In 2011, more White, non-Hispanic children (6 percent) and Black, non-Hispanic children (6 percent) had serious emotional or behavioral difficulties compared with Hispanic children (4 percent).

Bullets contain references to data that can be found in Tables HEALTH3.A and HEALTH3.B on pages 173–175. Endnotes begin on page 77.

Adolescent Depression

Depression has a significant impact on adolescent development and well being. Adolescent depression can adversely affect school and work performance, impair peer and family relationships, and exacerbate the severity of other health conditions such as asthma and obesity.[121,122,123] Depressive episodes often persist, recur, or continue into adulthood.[124] Youth who have had a Major Depressive Episode (MDE) in the past year are at greater risk for suicide and are more likely than other youth to initiate alcohol and other drug use, experience concurrent substance use disorders, and smoke daily.[125,126,127]

Indicator HEALTH4

Percentage of youth ages 12–17 who experienced a major depressive episode (MDE) in the past year by age and gender, 2004–2011

NOTE: Major Depressive Episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities plus at least four additional symptoms of depression (such as problems with sleep, eating, energy, concentration, and feelings of self-worth) as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

SOURCE: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health.

- In 2011, about 8 percent of the population ages 12–17 had a Major Depressive Episode (MDE) during the past year, a lower rate than that reported in 2004 (9 percent).
- In each year between 2004 and 2011, the prevalence of MDE among youth was more than twice as high among females (12 to 13 percent) as among males (4 to 5 percent).
- The past-year prevalence of MDE in 2011 was lowest in youth ages 12–13 (4 percent), compared with youth ages 14–15 (9 percent) and youth ages 16–17 (12 percent).
- In 2011, approximately 69 percent of youth with MDE (6 percent of the population ages 12–17) reported that the MDE caused severe problems in at least one major role domain (home, school/work, family relationships, social life).
- The percentage of youth with MDE receiving treatment for depression, defined as seeing or talking to a medical doctor or other professional about the depressive episode and/or using prescription medication for depression in the past year, declined from 40 percent in 2004 to 38 percent in 2011.

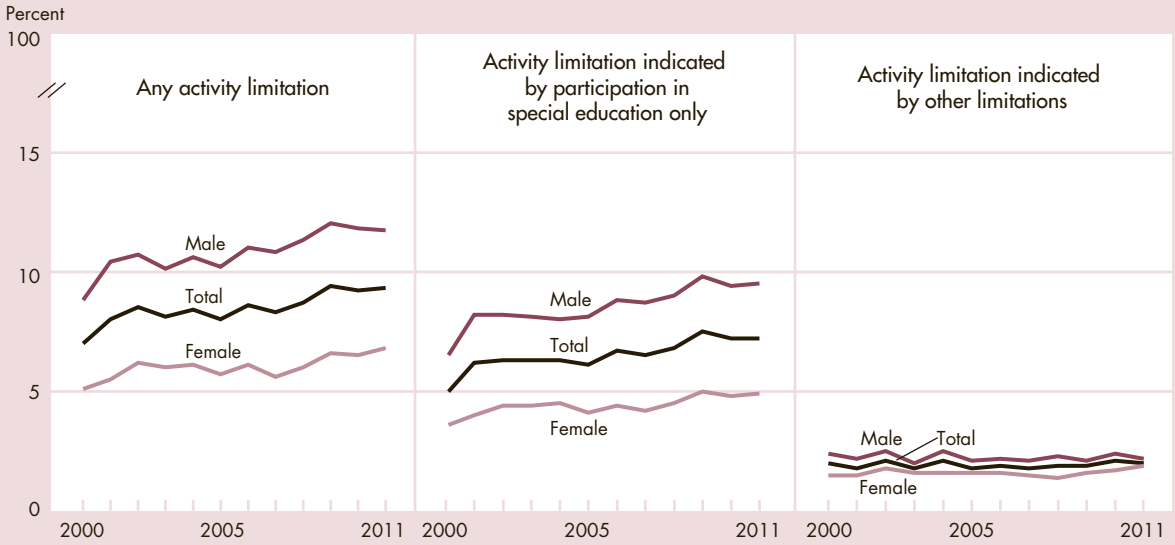
Bullets contain references to data that can be found in Tables HEALTH4.A–HEALTH4.C on pages 176–178. Endnotes begin on page 77.

Activity Limitation

Activity limitation refers to a person's inability, due to a chronic physical, mental, emotional, or behavioral condition, to participate fully in age-appropriate activities. Age-appropriate activities for children ages 5–17 consist of a child's ability to complete regular school work and perform other activities, including self-care and walking. Activity limitation is a broad measure of health and functioning affected by a variety of chronic health conditions. The causes of activity limitation most often reported by parents of children ages 5–17 include learning disabilities, speech problems, and other mental, emotional, and behavioral problems.[128]

Indicator HEALTH5

Percentage of children ages 5–17 with activity limitation resulting from one or more chronic health conditions by gender, 2000–2011



NOTE: Children are identified as having activity limitation by asking parents (1) whether children receive special education services and (2) whether they are limited in their ability to walk, care for themselves, or participate in other activities. "Activity limitation indicated by participation in special education" only includes children identified solely by their use of special education services. "Activity limitation indicated by all other limitations" includes limitations in self-care, walking, or other activities, and children in this category may also receive special education services. Chronic health conditions are conditions that once acquired are not cured or have a duration of 3 months or more.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

- In 2011, about 9 percent of children ages 5–17 were reported by parents to have activity limitation due to chronic conditions. Seven percent of children ages 5–17 were identified as having activity limitation solely by their participation in special education, and 2 percent had limitations in their ability to walk, care for themselves, or participate in other activities.
- Activity limitation, particularly when identified only by participation in special education, was reported more often for male (12 percent) children than for female (7 percent) children.
- In 2011, approximately 12 percent of children living below the poverty level and 10 percent of children living in families with incomes 100–199 percent of the poverty level had activity limitation, compared with 8 percent of children with family incomes 200 percent or more of the poverty level.
- Among children of different racial and ethnic origins, Hispanic (7 percent) children were less likely than White, non-Hispanic (10 percent) and Black, non-Hispanic (11 percent) children to have a parental report of activity limitation.

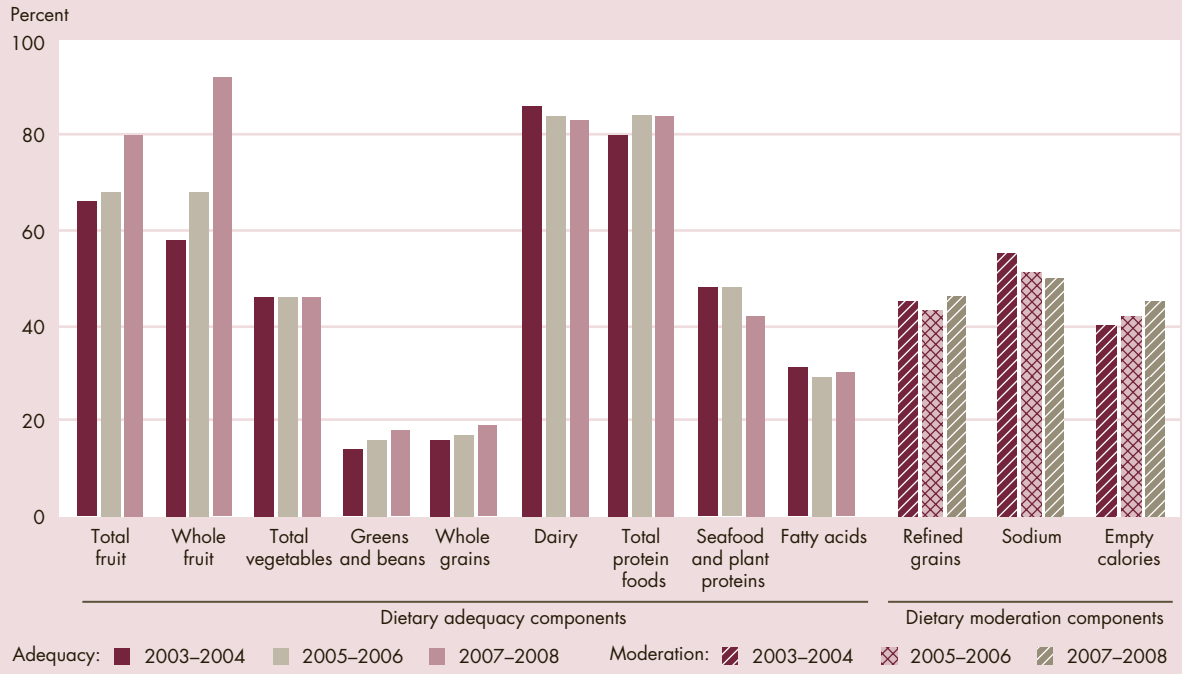
Bullets contain references to data that can be found in Table HEALTH5 on page 179. Endnotes begin on page 77.

Diet Quality

A good quality diet is a major contributing factor to the health and well being of children and adolescents. Poor eating patterns in childhood are major contributors to childhood obesity (see HEALTH 7) and contribute to chronic diseases starting in childhood, such as type 2 diabetes,[129] and those that emerge throughout the life cycle, such as cardiovascular disease.[130] The Healthy Eating Index-2010 (HEI-2010) is a dietary assessment tool comprising 12 components designed to measure quality in terms of how well diets meet the recommendations of the 2010 Dietary Guidelines for Americans and the USDA Food Patterns.[131,132] The HEI-2010 component scores are averages across all children and reflect usual dietary intakes.[133] Nine components of the HEI-2010 address dietary adequacy. The remaining three components assess refined grains, sodium, and empty calories, all of which should be consumed in moderation, that is, in limited quantities..

Indicator HEALTH6

Average diet scores for children ages 2–17, expressed as a percentage of Federal diet quality standards, 2003–2004, 2005–2006, and 2007–2008



NOTE: HEI-2010 scores are expressed as percentages of recommended dietary intake levels. A score corresponding to 100 percent indicates that the recommendation was met or exceeded, on average. For the adequacy components, higher scores reflect higher intakes. For the moderation components, higher scores reflect lower intakes because lower intakes are more desirable. For all components, a higher percentage indicates a higher quality diet. "Empty calories" refers to calories from solid fats (i.e., sources of saturated fats and *trans* fats) and added sugars (i.e., sugars not naturally occurring). Total fruit includes 100 percent fruit juice.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey, 2003–2004, 2005–2006, 2007–2008 and U.S. Department of Agriculture, Center for Nutrition Policy and Promotion Addendum to the MyPyramid Equivalents Database.

- The total Healthy Eating Index-2010 score is a measure of overall diet quality. For children ages 2–17 years in 2003–2004, 2005–2006, and 2007–2008, the total scores were only between 47 and 50 percent, and the differences were not statistically significant. The diet quality of children and adolescents fell considerably short of recommendations.
- The average scores for all the components of the HEI-2010 were below the standards. Dairy (milk and milk products) and total protein foods (meat, fish, poultry, eggs, etc.) were closest to the standards (between 83 and 86 percent and between 80 and 84 percent, respectively). Scores for greens and beans and whole grains were farthest from the standards (between 14 and 18 percent and between 16 and 18 percent, respectively). This meant that 2- to 17-year-olds consumed far less than the recommended level of dark green vegetables and beans and of whole grains. On average, the component scores were similar across the three time periods, except for total fruit and whole fruit, which were the highest in 2007–2008.
- The diet quality scores of children and adolescents would be improved by increasing the intake of vegetables, especially dark greens and beans, replacing refined grains for whole grains, substituting seafood for some meat and poultry, and decreasing the intake of sodium (salt) and empty calories from solid fats and added sugars.

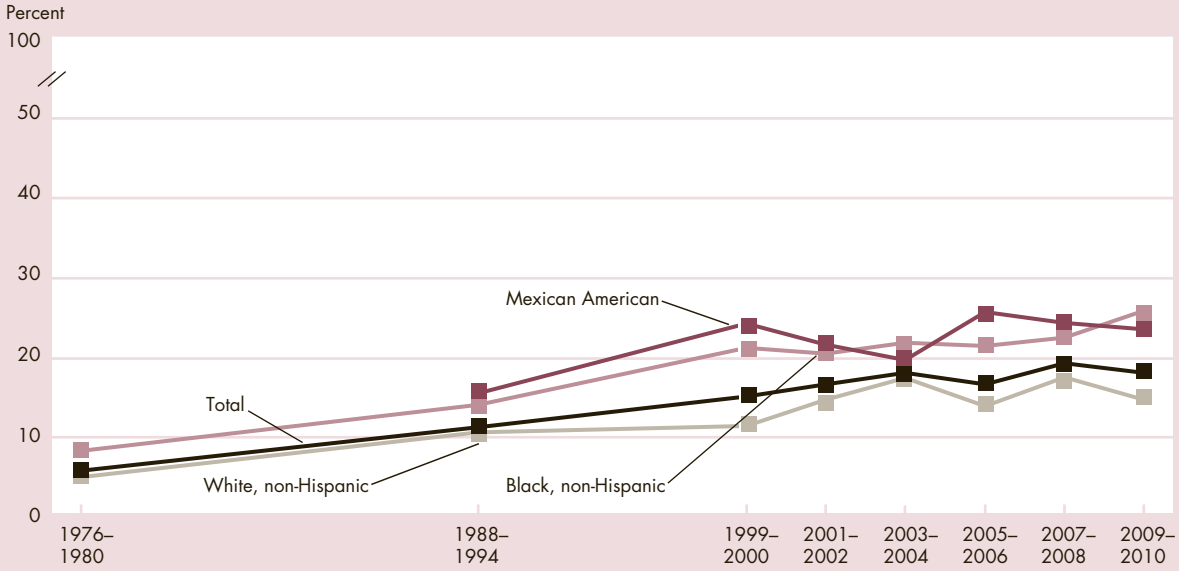
Bullets contain references to data that can be found in Table HEALTH6 on page 180. Endnotes begin on page 77.

Obesity

Obese adolescents often become obese adults, with increased risks for a wide variety of poor health outcomes, including diabetes, stroke, heart disease, arthritis, and certain cancers.[134,135] The immediate consequences of obesity in childhood are often psychosocial, but also include cardiovascular risk factors such as high blood pressure, high cholesterol, and pre-diabetes.[136] The prevalence of obesity among U.S. children changed relatively little from the early 1960s through 1980; however, after 1980 it increased sharply.[137] Between 1999 and 2010, the prevalence of obesity increased in boys and remained stable in girls.[138] In addition to individual factors such as diet and physical activity, social, economic, and environmental forces (e.g., advances in technology and trends in eating out) may have contributed to the high prevalence of obesity.

Indicator HEALTH7

Percentage of children ages 6–17 who are obese by race and Hispanic origin, selected years 1976–2010



NOTE: Previously a body mass index (BMI) at or above the 95th percentile of the sex-specific BMI growth charts was termed overweight (http://www.cdc.gov/growthcharts). Beginning with *America's Children, 2010*, a BMI at or above the 95th percentile is termed obese to be consistent with other National Center for Health Statistics (NCHS) publications. Estimates of obesity are comparable to estimates of overweight in past reports.[139] All estimates have a relative standard error of less than 30 percent and meet agency standards for publication. Observed differences between 2-year estimates for race/ethnic groups are not statistically significant unless noted. From 1976 to 1994, the 1977 Office of Management and Budget (OMB) standards were used to classify persons into one of four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For 1999–2010, 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. Included in the total are racial groups not shown separately. Beginning in 1999, racial categories represent persons reporting only one race. Data from 1999 onward are not directly comparable with data from earlier years. Persons of Mexican origin may be of any race. From 1976 to 2006, the National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican origin. In 2007, NHANES allowed for reporting of total Hispanics and for Mexican Americans; however, estimates reported here are for Mexican Americans to be consistent with earlier years.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

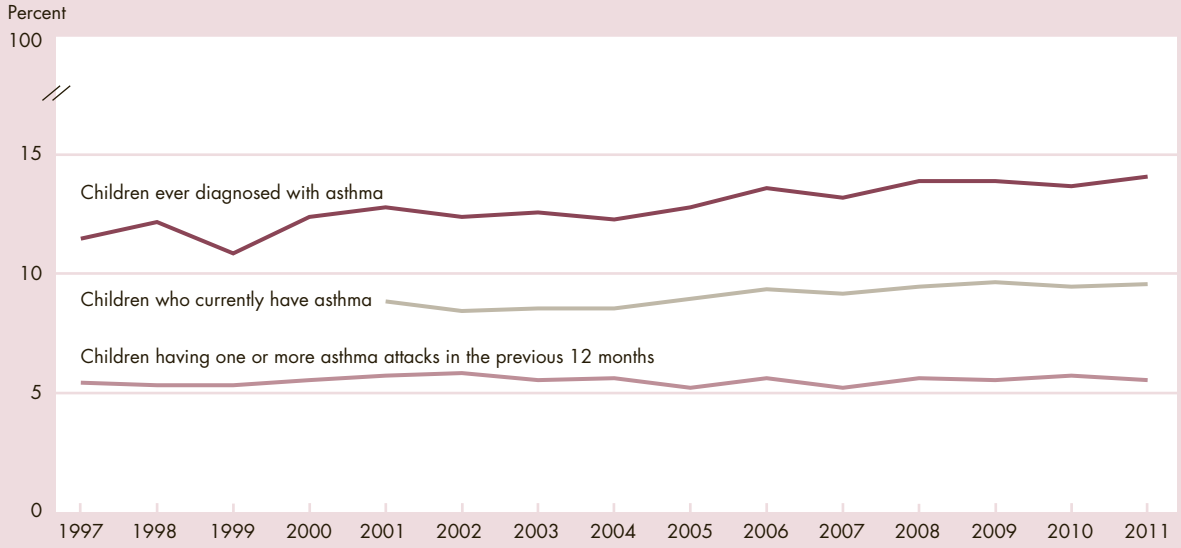
- In 1976–1980, only 6 percent of children ages 6–17 were obese. This percentage rose to 11 percent in 1988–1994 and to 19 percent in 2007–2008. In 2009–2010, about 18 percent of children ages 6–17 were obese, which was not statistically different from the percentage in 2007–2008.
- In 2009–2010, about 18 percent of children ages 6–11 were obese, and 18 percent of adolescents ages 12–17 were obese.
- In 2009–2010, Mexican American (23 percent) and Black, non-Hispanic (26 percent) children were more likely to be obese than White, non-Hispanic (15 percent) children.
- In 2009–2010, there was no statistical difference between boys and girls in the percentage of children who were obese.

Bullets contain references to data that can be found in Table HEALTH7 on page 181. Endnotes begin on page 77.

Asthma

Asthma 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, however, suffer serious attacks that greatly limit their activities, result in visits to emergency rooms or hospitals, or, in rare cases, cause death. Environmental factors such as air pollution and secondhand tobacco smoke, along with infections, exercise, and allergens, can trigger asthma attacks in children who have the disease.[140–145]

Indicator HEALTH8 **Percentage of children ages 0–17 with asthma, 1997–2011**



NOTE: Children are identified as ever diagnosed with 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 12 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 and identifies children who currently have asthma.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

- In 2011, about 14 percent of children had been diagnosed with asthma at some time in their lives.
- About 10 percent of children were reported to currently have asthma in 2011. These include children with active asthma symptoms and those whose asthma is well controlled.
- In 2011, approximately 5 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 3 out of 5 children who currently have asthma have ongoing asthma symptoms.
- In 2011, about 16 percent of Black, non-Hispanic children were reported to currently have asthma, compared with 8 percent of White, non-Hispanic and 10 percent of Hispanic children. Disparities exist within the Hispanic population such that 25 percent of Puerto Rican children were reported to currently have asthma, compared with 8 percent of children of Mexican origin.
- From 2001 to 2011, there was an increasing trend in the percentage of children reported to currently have asthma. Between 1980 and 1995, childhood 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 1997–2011.

Bullets contain references to data that can be found in Tables HEALTH8.A and HEALTH8.B on page 182. Endnotes begin on page 77.

Indicator Needed

Health

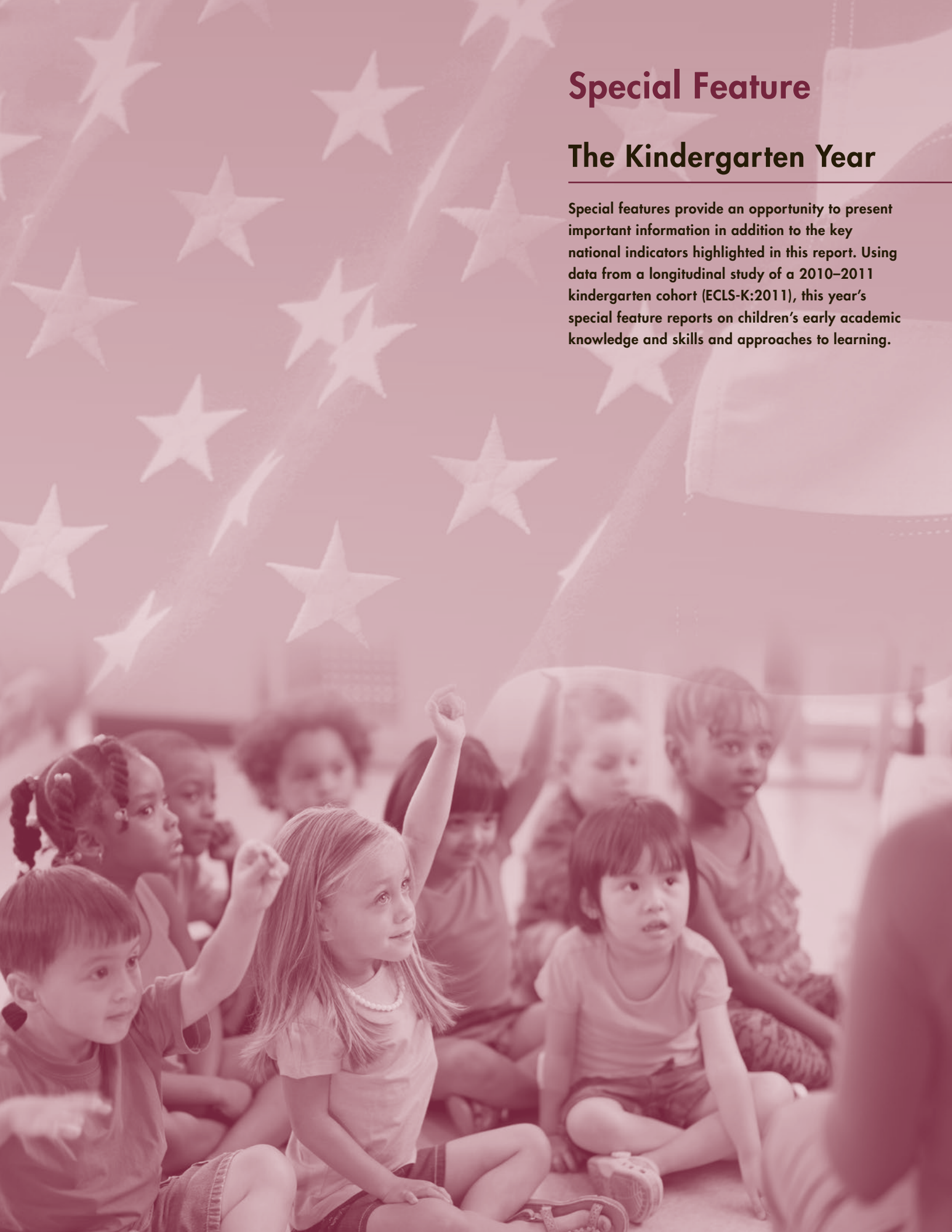
National indicators on several key dimensions of health are not yet available because of the difficulties in reaching consensus on relevant definitions and measurements. The following health-related area has been identified as a priority for indicator development:

- *Disability.* The Forum has had a longstanding interest in developing an improved measure of child disability based on the functional difficulties experienced by children. The *International Classification of Functioning, Disability, and Health for Children and Youth* (ICF-CY) provides a broad conceptual framework and terminology that may be a useful guide for the development of a new measure of child disability. Recent progress on this front includes the work of UNICEF in collaboration with the Washington Group on Disability Statistics (WG). Based on the work of the WG in the area of adult measures of disability, the UNICEF/WG proposal includes 12 domains of functioning whose primary purpose is to identify children/youth (ages 2–17) that are at greater risk than children of the same age of experiencing limited social participation due to functional limitations. The proposed disability module includes the following: seeing, hearing, walking, self-care, communication, learning, emotions, behavior, attention, and coping with change; and two domains that measure more complex domains: relationships and playing.

Special Feature

The Kindergarten Year

Special features provide an opportunity to present important information in addition to the key national indicators highlighted in this report. Using data from a longitudinal study of a 2010–2011 kindergarten cohort (ECLS-K:2011), this year's special feature reports on children's early academic knowledge and skills and approaches to learning.



The Kindergarten Year

The kindergarten year is a pivotal marker for children's development. At kindergarten entry, there are differences among children in terms of their cognitive knowledge and skills, level of socioemotional development, and approaches to learning. This special feature highlights kindergartners' aptitude in several key areas related to success in school. The depth and breadth of children's knowledge and skills are related to both developmental and experiential factors. Students' early academic knowledge and skills and approaches to learning are described in this feature with respect to demographic characteristics as well as with respect to family and household characteristics.

This special feature is based on data from the Early Childhood Longitudinal Study, Kindergarten Class of 2010–2011 (ECLS-K:2011),[146] which is the third in a series of longitudinal studies of young children conducted by the National Center for Education Statistics (NCES). The ECLS surveys provide comprehensive and reliable data about children's early learning and development, as well as their transition into kindergarten and progress through school. The data used for this special feature are for ECLS-K:2011 students who were first-time kindergartners in the fall of 2010. The feature describes differences in children's performance at kindergarten entry in three academic, cognitive, and socioemotional areas, namely, reading, mathematics, and approaches to learning. In addition, the feature describes children's early science performance, which was captured in the spring of kindergarten. Although various differences in children's performance on these measures were observed across demographic and other characteristics, the discussion focuses on only a selection of these differences.

Characteristics of First-Time Kindergartners in 2010–2011

Of the 3.5 million first-time kindergarten students who began school in the fall of 2010, about 89 percent attended public schools and 11 percent attended private schools. In the fall of kindergarten, almost all students (96 percent) were at least 5 years old, with 9 percent older than age 6. Fifty-three percent of first-time kindergartners were White, non-Hispanic, 24 percent were Hispanic, 13 percent were Black, non-Hispanic, 4 percent were Asian, 4 percent were two or more races, 1 percent were American Indian or Alaska Native, and less than 1 percent were Native Hawaiian or other Pacific Islander. Fifty-five percent had attended center-based care as a primary care arrangement in the year prior to kindergarten. One-quarter of first-time kindergartners lived in households with incomes below the federal poverty level, and 15 percent lived in a home where English was not the primary language. Thirty-eight percent had parents whose highest level of education was a bachelor's degree or higher, and 76 percent started kindergarten living in a two-parent household.

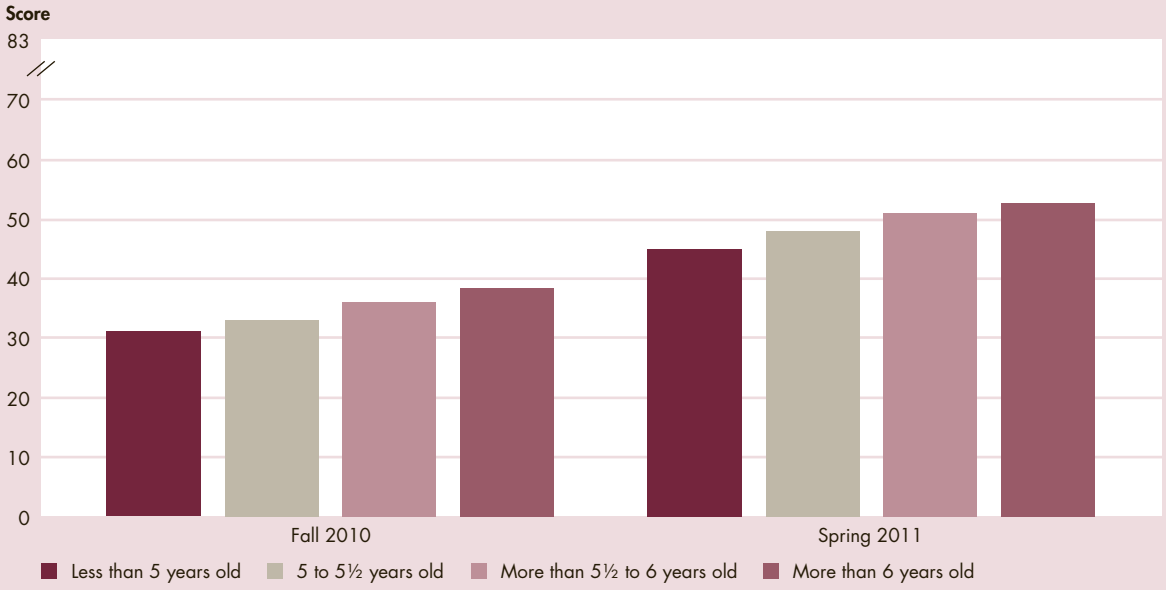
Academic Knowledge and Skills

As children enter kindergarten, their reading and mathematics knowledge and skills differ by characteristics such as their age, race and Hispanic origin, family type, household socioeconomic status, and child care history.[147] In addition, research has shown that these early achievement gaps widen over the first 4 years of elementary school and persist into later grades.[148]

The ECLS-K:2011 kindergarten direct assessments were designed to measure children's knowledge and skills in reading, mathematics, and science. Data were collected on kindergartners' overall achievement in reading[149] and mathematics[150] in the fall and spring of kindergarten and in science[151] in the spring of kindergarten using individually administered direct assessments. While the assessments were designed to contain mostly items that measured knowledge and skills at a kindergarten level, easier and more difficult items were included to capture the full range of the children's abilities. For each assessment, scores represent varying levels of knowledge and skills pertaining to the subject. On the reading assessment, for example, those with lower scores typically correctly answered items about basic skills like letter recognition, but failed to correctly answer items about more advanced skills such as reading comprehension. Those with higher scores, on the other hand, typically responded correctly to items involving both more basic skills as well as more difficult skills.

Reading Assessment

Indicator SPECIAL1 **Mean reading scores of first-time U.S. kindergartners by time of data collection and age in the fall of kindergarten, 2010–2011**



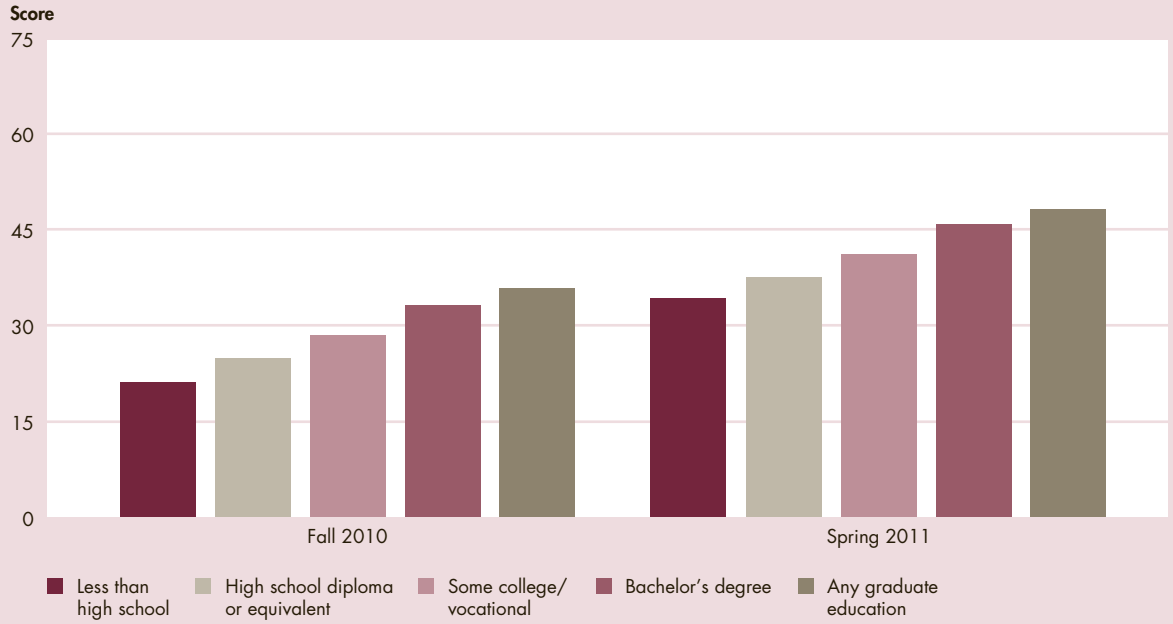
NOTE: Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–2011 school year. The possible range of scores for the reading assessment was 0 to 83.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–2011 (ECLS-K:2011) Restricted-Use Kindergarten Data File.

- Older first-time kindergartners tended to score higher on the reading assessment than younger first-time kindergartners in the fall of kindergarten. For instance, kindergartners who were more than 6 years old in the fall of kindergarten had higher fall reading scores than children in younger age groups, and children who were less than 5 years old in the fall of kindergarten had the lowest reading scores, on average.
- Females typically scored higher than males on the reading assessment.
- Asian kindergartners had higher fall reading scores than their peers in all of the other racial/ethnic groups. In addition, White, non-Hispanic kindergartners had higher fall reading scores than their Black, non-Hispanic, Hispanic, Native Hawaiian/Pacific Islander, and American Indian/Alaska Native classmates, and Black, non-Hispanic kindergartners outscored Hispanic kindergartners.
- Fall reading scores increased with each level of parental education. For example, kindergartners whose parent(s) had not completed high school had the lowest fall reading scores, on average, and kindergartners whose parent(s) had completed some graduate education had the highest fall reading scores.
- First-time kindergartners' fall reading skills also differed with respect to their primary care arrangements in the year prior to kindergarten. Children who had not received any nonparental care on a regular basis and those whose primary care arrangement was home-based care with a relative had lower fall reading scores than children who attended home-based nonrelative care, attended center-based care, or had multiple care arrangements.[152]
- In addition, first-time kindergartners whose primary home language was English scored higher on the reading assessment than their peers who had a non-English primary home language.
- Reading scores were also lower for children in households with incomes below the federal poverty level and for those in households at 100–199 percent of the federal poverty level than for those in households with incomes at or above 200 percent of the federal poverty level.

Mathematics Assessment

Indicator SPECIAL2 **Mean mathematics scores of first-time U.S. kindergartners by time of data collection and parents' highest level of education, 2010–2011**



NOTE: Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–2011 school year. The possible range of scores for the mathematics assessment was 0 to 75. Parents' highest level of education is the highest level of education achieved by either of the parents or guardians in a two-parent household or by the only parent or guardian in a single-parent household.

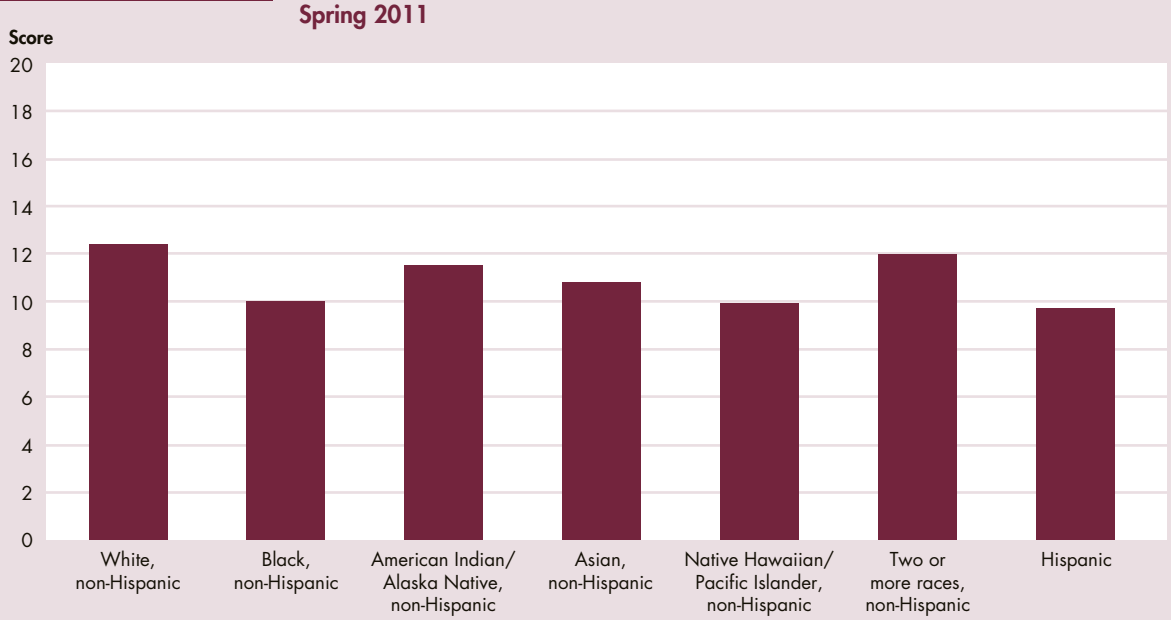
SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–2011 (ECLS-K:2011) Restricted-Use Kindergarten Data File.

- In contrast to the reading assessment scores, there was no measurable difference between males' and females' mathematics assessment scores in the fall of kindergarten. Other demographic differences showed patterns similar to those observed for reading.
- Older first-time kindergartners scored higher, on average, on the mathematics assessment than their younger peers.
- Asian kindergartners had higher fall mathematics scores than their classmates from all other racial/ethnic groups. White, non-Hispanic kindergartners had higher fall mathematics scores than their peers in the remaining racial/ethnic groups, and Black, non-Hispanic kindergartners outscored Hispanic kindergartners.
- Fall mathematics scores increased with each level of parental education.
- Differences in children's mathematics scores with respect to their primary care arrangements in the year prior to kindergarten, primary home language, and poverty status followed patterns similar to those for reading.

Science Assessment

Indicator SPECIAL3

Mean science scores of U.S. first-time kindergartners by race and Hispanic origin, Spring 2011



NOTE: Science was only assessed in the spring of kindergarten. The possible range of scores is 0 to 20. According to the revised 1997 OMB standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." Those in a given racial category represent those reporting only that race. Data on race and Hispanic origin are collected separately.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Class of 2010–2011 (ECLS-K:2011) Restricted-Use Kindergarten Data File.

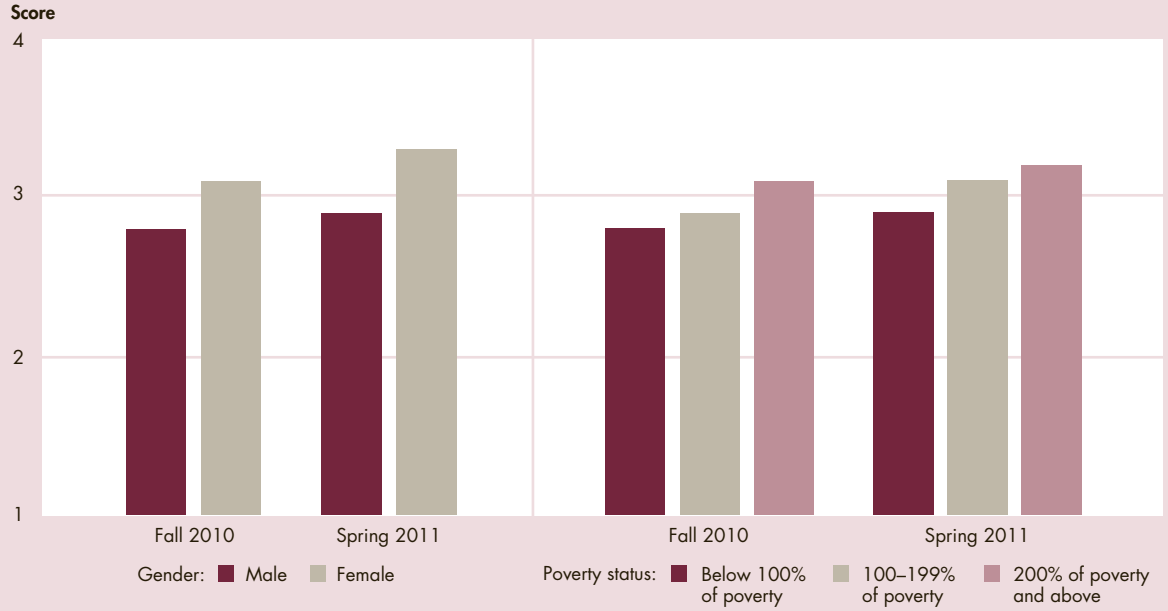
- Consistent with the pattern found for the mathematics assessment, there was no measurable difference between males' and females' scores in science, assessed initially in the spring of kindergarten.
- As with the reading and mathematics findings, older first-time kindergartners tended to score higher on the science assessment than younger first-time kindergartners.
- White, non-Hispanic kindergartners had higher spring science scores than their classmates from other racial/ethnic groups, with the exception of American Indian/Alaska Native kindergartners for whom the apparent difference was not significant. In addition, American Indian/Alaska Native kindergartners had higher spring science scores than Black, non-Hispanic, Hispanic, and Native Hawaiian/Pacific Islander kindergartners; Asian kindergartners also had higher scores than Black, non-Hispanic and Hispanic kindergartners.
- Kindergartners' science scores increased with each level of parental education as well.
- Patterns in children's science scores by primary home language and poverty status were also aligned with those for reading and mathematics.

Approaches to Learning

Approaches to learning behaviors include children's ability to keep belongings organized, pay attention well, persist in completing tasks, show eagerness to learn new things, work independently, adapt easily to changes in routine, and follow classroom rules. Differences in children's approaches to learning have been observed by teachers as early as the beginning of the kindergarten year.[153] Research indicates that children who demonstrate positive approaches to learning have stronger academic skills, on average, in the primary and later grades.[154] Children who do not demonstrate positive approaches to learning in classroom activities may benefit less from instruction and have lower levels of achievement because they tend not to participate in experiences that foster skill development.[155] On the ECLS-K:2011, higher scores demonstrate more positive approaches to learning. Approaches to learning scores in this feature are derived from teacher ratings.

Indicator SPECIAL4

Mean approaches to learning scores of U.S. first-time kindergartners by time of data collection, gender, and poverty status, 2010–2011



NOTE: Approaches to learning behaviors include children's ability to keep belongings organized, pay attention well, persist in completing tasks, show eagerness to learn new things, work independently, adapt easily to changes in routine, and follow classroom rules. Higher scores demonstrate more positive approaches to learning. Approaches to learning scores are derived from teacher ratings. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–2011 school year. Potential approaches to learning scores range from 1 to 4.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–2011 (ECLS-K:2011) Restricted-Use Kindergarten Data File.

- In the fall of kindergarten, teachers gave higher ratings, on average, to females than to males on the approaches to learning scale.
- Older first-time kindergartners tended to receive higher approaches to learning scores than younger first-time kindergartners, with the exception that scores for kindergartners who were less than 5 years old and scores for those who were 5 to 5½ years old were not measurably different.
- Asian and White, non-Hispanic kindergartners had higher fall approaches to learning scores than Black, non-Hispanic, Hispanic, and Native Hawaiian/Pacific Islander kindergartners, as well as kindergartners of two or more races. Hispanic and American Indian/Alaska Native kindergartners also had higher approaches to learning scores than Black, non-Hispanic kindergartners.
- Kindergartners whose parent(s) had attained a bachelor's degree or obtained any graduate education received higher scores than kindergartners whose parent(s) had obtained lower levels of education.
- Scores on the fall approaches to learning measure were lower for first-time kindergartners in households with incomes below the federal poverty level and for those in households at 100–199 percent of the federal poverty level than for those in households with incomes at or above 200 percent of the federal poverty level.

Executive Function

Young children's executive function abilities also vary at the start of formal schooling. Executive function is the capacity to plan, organize, and monitor the completion of behaviors that are strategically directed towards achieving a goal.[156] It involves the ability to allocate attention, to hold information in working memory, and to withhold an inappropriate response.[157] Not only do these cognitive and behavioral processes predict reading and mathematics achievement,[158] but research also indicates that some executive function processes are trainable and can be improved upon in school classrooms without costly interventions.[159] While performance on executive function measures were not available for inclusion in this special feature, future studies will examine them in greater detail.

Conclusion

Results from the ECLS-K:2011 show differences in children's performance in the fall of kindergarten in reading, mathematics, and approaches to learning across demographic and other characteristics. In science, which was assessed for the first time in the spring, variation in scores was also observed for children in their kindergarten year.

While females received higher assessment scores than males in reading and approaches to learning, there was no measurable difference in performance between males and females in mathematics and science. For the most part, older first-time kindergartners scored higher on the assessments than younger first-time kindergartners. Multiple differences in children's performance were observed among students in the various racial/ethnic groups. For instance, with few exceptions, Asian and White, non-Hispanic kindergartners had higher scores than their peers. Kindergartners' scores on the reading, mathematics, and science assessments increased with each level of parental education. In general, this finding also held for the approaches to learning assessment. Children's scores on the reading, mathematics, and science scores also differed with respect to their primary care arrangement in the year before kindergarten, their primary home language, and their poverty status. Differences by poverty status were found for approaches to learning.

Many of the above patterns in demographic findings on the fall reading, mathematics, and approaches to learning measures were also observed in the spring of the kindergarten year. In addition, average assessment scores for kindergarten students in reading, mathematics, and approaches to learning increased between the fall and the spring.

This special feature presents a simple picture of the variation in children's skills and knowledge starting at kindergarten entry. The ECLS-K:2011 will follow these children through the fifth grade. Researchers will be able to track children's performance and the differences in their performance, not only by child and family characteristics but also by teacher and school characteristics. Future analyses, based on the information from the ECLS-K:2011, will help us better understand the role of such elements as child care, home educational environment, teachers' instructional practices, class size, and the general climate of schools.

This section contains references to data that can be found in Table SPECIAL1 on pages 183–186. Endnotes begin on page 77.

Notes to Indicators

Notes to Indicators

[1] The majority of children who live with neither of their parents are living with grandparents or other relatives. Others who live with neither parent live with foster parents or other nonrelatives.

[2] Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Black may be defined as those who reported Black and no other race (the race-alone or single-race concept) or as those who reported Black regardless of whether they also reported another race (the race-alone or- in-combination concept). This indicator shows data using the first approach (race-alone). Use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[3] For more information, refer to America's Families and Living Arrangements 2012 detailed tables, available at http://www.census.gov/hhes/families/data/cps2012.html.

[4] National Center for Health Statistics. (1995). *Report to Congress on out-of-wedlock childbearing.* Hyattsville, MD: Author.

[5] McLanahan, S. (1995). *The consequences of nonmarital childbearing for women, children, and society.* In National Center for Health Statistics, *Report to Congress on out-of-wedlock childbearing.* Hyattsville, MD: National Center for Health Statistics.

[6] Martin, J.A., Hamilton, B.E., Ventura, S.J., Osterman, M.J.K., Wilson, E.C., and Mathews, T.J. (2012). Births: Final data for 2010. *National Vital Statistics Reports 61*(1). Hyattsville, MD: National Center for Health Statistics.

[7] Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980–1992. *Vital and Health Statistics, 53*(21). Hyattsville, MD: National Center for Health Statistics.

[8] Ventura, S.J., and Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940–1999. *National Vital Statistics Reports, 48*(16). Hyattsville, MD: National Center for Health Statistics.

[9] Mathews, T.J., and MacDorman, M.F. (2012). Infant mortality statistics from the 2008 period linked birth/infant death data set. *National Vital Statistics Reports, 60*(5). Hyattsville, MD: National Center for Health Statistics.

[10] Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2012). Births: Preliminary data for 2011. *National Vital Statistics Reports, 61*(5). Hyattsville, MD: National Center for Health Statistics.

[11] Hamilton, B.E., Sutton, P.D., and Ventura, S.J. (2003). Revised birth and fertility rates for the 1990s and new rates for Hispanic populations, 2000 and 2001: United States. *National Vital Statistics Reports, 51*(12). Hyattsville, MD: National Center for Health Statistics.

[12] Ventura, S.J. (2009). *Changing patterns of nonmarital childbearing in the United States.* NCHS Data Brief, No. 18. Hyattsville, MD: National Center for Health Statistics.

[13] National Center for Health Statistics. (2011). 2006–2010 National Survey of Family Growth. Public use file available at: http://www.cdc.gov/nchs/nsfg/nsfg_2006_2010_puf.htm. Hyattsville, MD: National Center for Health Statistics; and Chandra, A., Martinez, G.M., Mosher, W.D., Abma, J.C., and Jones, J. (2005). Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. *Vital and Health Statistics 23*(25). Hyattsville, MD: National Center for Health Statistics.

[14] 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 about 40 percent of all births), and the proportion of women of childbearing age who are unmarried. The percentage of births to unmarried women increased in recent years, because there were rapid increases in the birth rate for unmarried women while births for married women changed little.

[15] Ventura, S.J. (2009). *Changing patterns of nonmarital childbearing in the United States.* NCHS Data Brief, No. 18. Hyattsville, MD: National Center for Health Statistics.

[16] National Center for Health Statistics. (2013). National Vital Statistics System, unpublished tabulations.

[17] U.S. Census Bureau. (various years). Marital status and living arrangements (annual reports) and, beginning in 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 Web site 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.

[18] 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 (FAM3.B) 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 (FAM3.A) 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.

[19] 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 Laughlin, L. (2010). Who's minding the kids? Child care arrangements: Spring 2005/Summer 2006. *Current Population Reports,* U.S. Census Bureau, Washington, DC, 70–121.

[20] Grieco, E. (2010). *Race and Hispanic origin of the foreign-born population in the United States: 2007.* American Community Survey Reports, ACS-11. U.S. Census Bureau, Washington, DC. Retrieved from http://www.census.gov/prod/2010pubs/acs-11.pdf.

[21] Hernandez, D.J., Denton, N.A., and Macartney, S.E. (2008). Children in immigrant families: Looking to America's future. *Social Policy Report, 22*(3). Society for Research in Child Development, Department of Sociology and Center for Social and Demographic Analysis, University of Albany, State University of New York. Retrieved from http://www.srcd.org/sites/default/files/documents/22_3_hernandez_final.pdf.

[22] If the child lived with two parents, the education reflected is that of the most educated parent.

[23] 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 a sample of children in the 1980s.

[24] The percentage of White, non-Hispanic children ages 5–17 who spoke English less than "Very well" (1.1 percent) was statistically different from the percentage of Black, non-Hispanic children who did so (1.2 percent).

[25] Klerman, L.V. (1993). Adolescent pregnancy and parenting: Controversies of the past and lessons for the future. *Journal of Adolescent Health, 14,* 553–561.

[26] Kiely, J.L., Brett, K.M., Yu, S., and Rowley, D.L. (1994). Low birthweight and intrauterine growth retardation. In L.S. Wilcox, and J.S. Marks, (Eds.), *From data to action: CDC's public health surveillance for women, infants, and children* (pp. 185–202). Atlanta, GA: Centers for Disease Control and Prevention.

[27] Maynard, R.A. (Ed.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy.* Washington, DC: The Urban Institute Press.

[28] Hamilton, B.E., and Ventura, S.J. (2012). *Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups.* NCHS Data Brief, No. 89. Hyattsville, MD: National Center for Health Statistics.

[29] Office on Child Abuse and Neglect, Department of Health and Human Services. (2003). *A coordinated response to child abuse and neglect: The foundation for practice.* Retrieved August 28, 2006, from the Child Welfare Information Gateway, http://www.childwelfare.gov/pubs/usermanuals/foundation/foundationf.cfm.

[30] Data since 2007 are not directly comparable with prior years as differences may be partially attributed to changes in one state's procedures for determination of maltreatment. Other reasons include the increase in children who received an "other" disposition, the decrease in the percentage of children who received a substantiated or indicated disposition, and the decrease in the number of children who received an investigation or assessment.

[31] Strohschein, L. (2005, December). Household income histories and child mental health trajectories. *Journal of Health and Social Behavior, 46*(4), 359–357.

[32] Duncan, G., and Brooks-Gunn, J. (Eds.). (1997). *Consequences of growing up poor.* New York, NY: Russell Sage Press.

[33] Wagmiller, Jr., R.L., Lennon, M.C., Kuang, L., Alberti, P.M., Aber, J.L. (2006, October). The dynamics of economic disadvantage and children's life changes. *American Sociological Review, 71*(5), 847–866.

[34] Following Office of Management and Budget (OMB) Statistical Policy Directive 14, poverty status is determined by comparing a family's (or an unrelated individual's) income to one of 48 dollar amounts called thresholds. The thresholds vary by the size of the family and the members' ages. In 2011, the poverty threshold for a family with two adults and two children was $22,811. For further details, see http://www.census.gov/hhes/www/poverty/poverty.html.

[35] Child Trends. (2010). *Secure parental employment.* Retrieved from http://www.childtrendsdatabank.org/?q=node/192.

[36] Yeung, W.J., Linver, M.R., and Brooks-Gunn, J. (November/December 2002). How money matters for children's development: Parental investment and family processes. *Child Development 73*(6):1861–1879.

[37] Anderson, S.A. (Ed.). (1990). Core indicators of nutritional state for difficult-to-sample populations. *Journal of Nutrition 120*(11S), 1557–1600.

[38] Nord, M. (2009). *Food insecurity in households with children: Prevalence, severity, and household characteristics* (Economic Information Bulletin No. 56). Washington, DC: U.S. Department of Agriculture, Economic Research Service. Retrieved from http://www.ers.usda.gov/publications/eib-economic-information-bulletin/eib56.aspx.

[39] In reports prior to 2006, households with "very low food security among children" were described as "food insecure with hunger among children." The methods used to assess children's food security remained unchanged, so the statistics for 2005 and later years are directly comparable with those for 2004 and earlier years. For further information see: http://ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx.

[40] Coleman-Jensen, A., Nord, M., Andrews, M., and Carlson, S. (2012). *Household food security in the United States in 2011* (Economic Research Report 141). Washington, DC: U.S. Department of Agriculture, Economic Research Service. Retrieved from http://ers.usda.gov/publications/err-economic-research-report/err141.aspx.

[41] DeNavas-Walt, C., Proctor, B.D., and Smith, J.C. (2012, September). *Income, poverty, and health insurance coverage in the United States: 2011* (Current Population Reports, P60-243). Washington, DC: U.S. Census Bureau. Retrieved from http://www.census.gov/prod/2012pubs/p60-243.pdf.

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

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

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

[45] Folton, G.L. (1995). Critical issues in urban emergency medical services for children. *Pediatrics, 96*(2), 174–179.

[46] U.S. Department of Health and Human Services. (2000). *Oral health in America: A report of the Surgeon General.* Rockville, MD: Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research.

[47] American Academy of Pediatric Dentistry. Guideline on periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for children. *Pediatric Dentistry 2009;* 31(special issue): 118–25.

[48] 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.

[49] U.S. Environmental Protection Agency. (2008). *Integrated science assessment for sulfur oxides—Health criteria (Final report)* (EPA/600/R-08/047F). Washington, DC: U.S. EPA, National Center for Environmental Assessment. Retrieved from http://cfpub.epa.gov/ncea/isa/recordisplay.cfm?deid=198843.

[50] U.S. Environmental Protection Agency. (2008). *Integrated science assessment for oxides of nitrogen—Health criteria* (EPA/600/R-08/071). Research Triangle Park, NC: Author.

[51] U.S. Environmental Protection Agency. (2013). *Integrated science assessment of ozone and related photochemical oxidants (Final report)* (EPA/600/R-10/076F). Washington, DC: U.S. EPA. Retrieved from http://cfpub.epa.gov/ncea/isa/recordisplay.cfm?deid=247492.

[52] U.S. Environmental Protection Agency. (2009). *Integrated science assessment for particulate matter (Final report)* (EPA/600/R-08/139F). Washington, DC: U.S. EPA, National Center for Environmental Assessment. Retrieved from http://cfpub.epa.gov/ncea/CFM/recordisplay.cfm?deid=216546.

[53] U.S. Environmental Protection Agency. (2006). *Air quality criteria for lead: Volume I* (EPA/600/R-05/144aF). Research Triangle Park, NC: Author.

[54] U.S. Environmental Protection Agency. (2010). *Integrated science assessment for carbon monoxide (Final report)* (EPA/600/R-09/019F). Washington, DC: U.S. EPA, National Center for Environmental Assessment. Retrieved from http://cfpub.epa.gov/ncea/cfm/recordisplay.cfm?deid=218686.

[55] U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

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

[57] Marano, C., Schober, S.E., Brody, D.J., and Zhang, C. (2009). Secondhand tobacco smoke exposure among children and adolescents: United States, 2003–2006. *Pediatrics, 124*(5): 1299–1305.

[58] Regular smoking is defined as smoking by a resident that occurs 4 or more days per week.

[59] U.S. Environmental Protection Agency. (2011). *Drinking water contaminants.* EPA Office of Water. Retrieved from http://water.epa.gov/drink/contaminants/.

[60] U.S. Environmental Protection Agency. (2011). *Current drinking water regulations.* EPA Office of Water. Retrieved from http://water.epa.gov/lawsregs/rulesregs/sdwa/currentregulations.cfm.

[61] Kenny, J.F., Barber, N.L., Hutson, S.S., Linsey, K.S., Lovelace, J.K., and Maupin, M.A. (2009). *Estimated use of water in the United States in 2005.* USGS Circular 1344. Available at http://pubs.usgs.gov/circ/1344/.

[62] U.S. Environmental Protection Agency. (2005). *Economic analysis for the final stage 2 disinfectants and disinfection byproducts rule* (EPA/815/R-05/010). Washington, DC: Office of Water.

[63] National Toxicology Program. (2012). *NTP monograph on health effects of low-level lead.* Research Triangle Park, NC: National Institute of Environmental Health Sciences, National Toxicology Program. Retrieved from http://ntp.niehs.nih.gov/go/36443.

[64] Centers for Disease Control and Prevention. (2012). *CDC response to advisory committee on childhood lead poisoning prevention recommendations in low level lead exposure harms children: A renewed call for primary prevention.* Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_recs.pdf.

[65] Advisory Committee on Childhood Lead Poisoning Prevention. (2012). *Low level lead exposure harms children: A renewed call for primary prevention.* Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf.

[66] Jacobs, D.E., Clickner, R.P., Zhou, J.Y., Viet, S.M., Marker, D.A., Rogers, J.W., ... Friedman, W. (2002). The prevalence of lead-based paint hazards in U.S. housing. *Environmental Health Perspectives, 110*(10), A599–606.

[67] U.S. Environmental Protection Agency. (2013). *America's children and the environment* (3rd ed.). Avaialble at www.epa.gov/ace.

[68] For 2007–2010, the revised 1997 Office of Management and Budget (OMB) standards for data on race and ethnicity 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. Included in the total but not shown separately are American

Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Data on race and Hispanic origin are collected separately but combined for reporting. Persons of Hispanic origin may be of any race.

[69] Breysse, P., Farr, N., Galke, W., Lanphear, B., Morley, R., and Bergofsky, L. (2004). The relationship between housing and health: Children at risk. *Environmental Health Perspectives, 112*(15), 1583–1588.

[70] Krieger, J., and Higgins, D.L. (2002). Housing and health: Time again for public health action. *American Journal of Public Health, 92*(5), 758–68.

[71] Bridge, C., Flatau, P., Whelan, S., Wood, G., and Yates, J. (2003). *Housing assistance and non-shelter outcomes.* Sydney, AU: Australian Housing and Urban Research Institute.

[72] Cutts, D., et al. (2011). U.S. housing insecurity and the health of very young children. *American Journal of Public Health, 101*(8), 1508–1514.

[73] Physically inadequate units are defined as those with moderate or severe physical problems. Common types of problems include lack of complete plumbing for exclusive use, unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats. See definition in Appendix A of the American Housing Survey summary volume, American Housing Survey for the United States: 2007. (2008). Current Housing Reports, Series H150, U.S. Census Bureau.

[74] Paying 30 percent or more of income for housing may leave insufficient resources for other basic needs. See Panel on Poverty and Family Assistance, National Research Council. (1995). *Measuring poverty: A new approach.* Washington, DC: National Academy Press. Retrieved from http://www.census.gov/hhes/www/povmeas/toc.html.

[75] For the housing problems indicator, the statistical significance of differences from year to year is determined at the 0.05 level of probability using standard methods. However, these methods only approximate whether changes are significant because they do not fully account for the panel design of the American Housing Survey, in which selected housing units are revisited in subsequent years and therefore produce nonindependent samples.

[76] The U.S. Department of Housing and Urban Development considers renter households to have "priority" housing problems if they have eligible incomes for, but do not receive, rental assistance, and they report either severe housing cost burdens or severe physical problems with their housing units. Because of questionnaire changes, data after 1997 on assisted families, priority problems, and severe physical problems are not comparable to earlier data.

[77] The U.S. Department of Housing and Urban Development defines "very-low-income renters" as renter households with incomes at or below half the median family income, adjusted for family size, within their geographic area.

[78] The estimate is based on a count of persons who, during a single night in January, were either using an emergency shelter or transitional housing services, or were on the street or other place not intended for human habitation. Homeless service providers in the Continuum of Care network are required to conduct such counts as a condition of funding. The estimate has the limitation of relying on several assumptions about the comparability of sheltered and unsheltered populations and families. See U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2011). *The 2011 point-in-time estimates of homelessness: Supplement to the Annual Homeless Assessment Report.* Washington, DC: Author.

[79] Turner, H.A., Finkelhor, D., and Ormrod, R. (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science & Medicine, 62,* 13–27.

[80] Schreck, C.J., Stewart, E.A., and Osgood, D.W. (2008). A reappraisal of the overlap of violent offenders and victims. *Criminology, 46*(4), 871–905.

[81] Snyder, H.N., and Sickmund, M. (2006). *Juvenile offenders and victims: 2006 national report* (Publication No. NCJ 212906). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

[82] National Research Council and Institute of Medicine. (2004). *Children's health, the nation's wealth: Assessing and improving child health.* Committee on Evaluating Children's Health, Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

[83] Corso, P., Finkelstein, E., Miller, T., Fiebelkorn, I., and Zaloshnja, E. (2006). Incidence and lifetime costs of injuries in the United States. *Injury Prevention, 12*(4), 212–218.

[84] Centers for Disease Control and Prevention, National Center for Health Statistics. (2010). National Hospital Discharge Survey, unpublished tabulations.

[85] Centers for Disease Control and Prevention, National Center for Health Statistics. (2009–2010). National Hospital Ambulatory Medical Care Survey, unpublished tabulations.

[86] Centers for Disease Control and Prevention, National Center for Health Statistics. (2012). National Vital Statistics System, unpublished tabulations.

[87] Bergen, G., Chen, L.H., Warner, M., and Fingerhut, L.A. (2008) *Injury in the United States: 2007 Chartbook.* Hyattsville, MD: National Center for Health Statistics.

[88] U.S. Department of Health and Human Services. (2004). *The health consequences of smoking: A report of the Surgeon General.* Washington, DC: Government Printing Office.

[89] Hahn, E.J., Rayens, M.K., Chaloupka, F.J., Okoli, C.T.C., and Yang, J. (2002). *Projected smoking-related deaths among U.S. youth: A 2000 update.* Robert Wood Johnson Foundation ImpacTeen Research Paper Series, No. 22.

[90] National Institute on Alcohol Abuse and Alcoholism. (2004/2005). Alcohol and development in youth—A multidisciplinary overview. *Alcohol Research & Health, 28*(3): 107–176. Retrieved from http://pubs.niaaa.nih.gov/publications/arh283/toc28-3.htm.

[91] National Institute on Drug Abuse. (2004). *Marijuana: Facts parents need to know* (NIH Publication No. 04-4036). Washington, DC: U.S. Department of Health and Human Services.

[92] Pope, H.G., Jr., and Yurgelun-Todd, D. (1996). The residual cognitive effects of heavy marijuana use in college students. *Journal of the American Medical Association, 275*(7).

[93] National Institute on Drug Abuse. (2001). *Research Report Series: Hallucinogens and dissociative drugs* (NIH Publication No. 01-4209). Washington, DC: U.S. Department of Health and Human Services.

[94] Meier, A.M. (2007). Adolescent first sex and subsequent mental health. *American Journal of Sociology 112*(6): 1811–1847.

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

[96] Dunne, E.F., Unger, E.R., Sternberg, M., McQuillan, G., Swan, D.C., Patel, S.S., and Markowitz, L.E. (2007). Prevalence of HPV infection among females in the United States. *Journal of the American Medical Association, 297*(8), 813–819.

[97] Gottlieb, S.L., Pope, V., Sternberg, M.R., McQuillan, G.M., Beltrami, J.F., Berman, S.M., and Markowitz, L.E. (2008). Prevalence of syphilis seroreactivity in the United States: Data from the National Health and Nutrition Examination Surveys (NHANES) 2001–2004. *Sexually Transmitted Diseases, 35*(5), 507–511.

[98] Beginning in 2011, *t*-tests were used for this report to test for significant differences between groups. Comparison of confidence intervals was used to test for significant differences prior to 2011.

[99] Centers for Disease Control and Prevention. 2011 Youth Risk Behavior Survey data. Available at http://apps.nccd.cdc.gov/youthonline/App/Default.aspx.

[100] Heckman, J. (2000). *Invest in the very young.* Chicago, IL: Ounce of Prevention.

[101] Among other changes, the framework was revised by merging the measurement and geometry content areas into one and by adding additional questions on algebra, data analysis, and probability. For more details, see Grigg, W., Donahue, P., and Dion, G. (2007). *The Nation's Report Card: 12th-grade reading and mathematics 2005* (NCES 2007-468). U.S. Department of Education, National Center for Education Statistics, Washington, DC: U.S. Government Printing Office.

[102] The 1997 Office of Management and Budget (OMB) standards for data on race and ethnicity were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are respondents who selected two or more races. Data from 2005 and 2009 are not directly comparable with data from earlier years. For continuity with

earlier race and ethnicity standards, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[103] Provasnik, S., Kastberg, D., Ferraro, D., Lemanski, N., Roey, S., and Jenkins, F. (2012). *Highlights From TIMSS 2011: Mathematics and Science Achievement of U.S. Fourth- and Eighth-Grade Students in an International Context* (NCES 2013-009). U.S. Department of Education. Washington, DC: National Center for Education Statistics. The 57 education systems that administered TIMSS at grade 4 overlap only partially with the set of 56 education systems that administered it at grade 8 (see table 1 in the report for details). The total number of education systems reported here differs from the total number reported in the international TIMSS reports (Mullis et al. 2012; Martin et al. 2012) because some education systems administered the TIMSS grade 4 assessment to 6th-grade students, and some administered the TIMSS grade 8 assessment to 9th-grade students. Education systems that did not assess students at the target grade level are not counted or included in this report.

[104] Thompson, S., Provasnik, S., Kastberg, D., Ferraro, D., Lemanski, N., Roey, S., and Jenkins, F. (2012). *Highlights From PIRLS 2011: Reading Achievement of U.S. Fourth-Grade Students in an International Context* (NCES 2013-010). U.S. Department of Education. Washington, DC: National Center for Education Statistics. For the purposes of this report "countries" are complete, independent political entities, whereas "other education systems" represent a portion of a country, nation, kingdom, or emirate or are other non-national entities (e.g., U.S. states, Canadian provinces, and Northern Ireland). The total number of education systems reported here differs from the total number reported in the international PIRLS reports (Mullis et al. 2012; Martin et al. forthcoming) because four education systems administered the PIRLS grade 4 assessment only to 5th- and 6th-grade students. Education systems that did not assess students at the target grade level are not counted or included in this report.

[105] Dalton, B., Ingels, S.J., Downing, J., and Bozick, R. (2007). *Advanced mathematics and science coursetaking in the spring high school senior classes of 1982, 1992, and 2004.* National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.

[106] Leow, C., Marcus, S., Zanutto, E., and Boruch, R. (2004). Effects of advanced course-taking on math and science achievement: Addressing selection bias using propensity scores. *American Journal of Evaluation, 25,* 461–478.

[107] Snyder, T.D., and Dillow, S.A. (2012). *Digest of Education Statistics 2011* (NCES 2012-001). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.

[108] Nord, C., Roey, S., Perkins, R., Lyons, M., Lemanski, N., Brown, J., and Schuknecht, J. (2011). *The Nation's Report Card: America's high school graduates* (NCES 2011-462). U.S. Department of Education. Washington, DC: National Center for Education Statistics.

[109] Fernandes, A., and Gabe, T. (2009). *Disconnected youth: A look at 16- to 24-year-olds who are not working or in school.* (CRS Report No. R40535). Retrieved from Congressional Research Service Web site: http://www.fas.org/sgp/crs/misc/R40535.pdf.

[110] For more information, refer to table ED5.C at http://childstats.gov/americaschildren11/tables/ed5c.asp (available on the Web only).

[111] OECD. (2012). *Education at a Glance 2012: OECD Indicators.* OECD Publishing. Available at http://dx.doi.org/10.1787/eag-2012-en.

[112] Dohm, A., and Wyatt, I. (2002, Fall). College at work: Outlook and earnings for college graduates, 2000–10. *Occupational Outlook Quarterly, 46*(3), 3–15.

[113] "High school completer" refers to those who completed 12 years of school for survey years 1980–1991 and to those who earned a high school diploma or equivalent (e.g., a General Educational Development [GED] certificate) for all years since 1992.

[114] Mathews, T.J., and MacDorman, M.F. (2012). Infant mortality statistics from the 2008 period linked birth/infant death data set. *National Vital Statistics Reports, 60*(5) Hyattsville, MD: National Center for Health Statistics.

[115] Institute of Medicine, Committee on Understanding Premature Birth and Assuring Healthy Outcomes and Board on Health Sciences Policy. (2005). *Preterm birth: Causes, consequences, and prevention.* Washington, DC: The National Academies Press.

[116] Hack, M., Taylor, H.G., Droter, D., Schluchter, M., Cartar, L., Andreias, L., Wilson-Costello, D., and Klein, N. (2005). Chronic conditions, functional limitations, and special health care needs of school-aged children born with extremely low birthweight in the 1990s. *Journal of the American Medical Association, 294:* 318–325.

[117] U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Retrieved from http://www.surgeongeneral.gov/library/mentalhealth/home.html.

[118] New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final Report* (DHHS Pub. No. SMA-03-3832). Rockville, MD: Department of Health and Human Services.

[119] Sayal, K. (2006). Annotation: Pathways to care for children with mental health problems. *Journal of Child Psychology and Psychiatry, 47,* 649–659.

[120] Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry, 40,* 791–799.

[121] Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2008). *The NSDUH report: Major depressive episode among youths aged 12 to 17 in the United States: 2004 to 2006.* Rockville, MD: Author. Retrieved from http://oas.samhsa.gov/2k8/youthDepress/youthDepress.cfm.

[122] Van Lieshout, R.J., and MacQueen, G. (2008). Psychological factors in asthma. *Allergy, Asthma and Clinical Immunology, 4*(1), 12–28.

[123] Goodman, E., and Whitaker, R.C. (2007). A prospective study of the role of depression in the development and persistence of adolescent obesity. *Pediatrics, 110*(3), 497–504.

[124] Weissman, M.M., Wolk, S., Goldstein, R.B., Moreau, D., Adams, P., Greenwald, S., … Wickramaratne, P. (1999). Depressed adolescents grown up. *Journal of the American Medical Association, 282,* 1701–1713.

[125] Shaffer, D., Gould, M.S., Fisher, P., Trautman, P., Moreau, D., Kleinman, M., and Flory, M. (1996). Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry, 53,* 339–348. Retrieved from http://archpsyc.ama-assn.org/cgi/content/abstract/53/4/339.

[126] Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2007). *The NSDUH report: Depression and the initiation of alcohol and other drug use among youths aged 12 to 17.* Rockville, MD: Author. Retrieved from http://oas.samhsa.gov/2k7/newUsers/depression.cfm.

[127] Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Mental health findings.* NSDUH Series H-45, HHS Publication No. (SAMA) 12-4725. Rockville, MD: Author. Retrieved from http://www.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm.

[128] National Center for Health Statistics. (2010). *Health, United States, 2009: With special feature on medical technology.* Limitation of activity: Children (pp. 38–39). Hyattsville, MD: Author.

[129] Daniels, S.R., Jacobson, M.S., McCrindle, B.W., Eckel, R.H., and Sanner, B.M. (2009). American Heart Association Childhood Obesity Research Summit: Executive summary. *Circulation, 119,* 2114–2123.

[130] Wilson, P.W., D'Agostino, R.B., Sullivan, L., Parise, H., and Kannel, W.B. (2002). Overweight and obesity as determinants of cardiovascular risk: The Framingham Experience. *Arch Intern Med, 162,* 1867–1872.

[131] U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2010). *Dietary Guidelines for Americans.* (7th ed.). Washington, DC: U.S. Government Printing Office. Available at http://www.cnpp.usda.gov/dietaryguidelines.htm.

[132] Guenther, P.M., Casavale, K.O., Reedy, J., Kirkpatrick, S.I., Hiza, H.A.B., Kuczynski, K.J., Kahle, L.L., and Krebs-Smith, S.M. (2013). Update of the Healthy Eating Index: HEI-2010. *Journal of the Academy of Nutrition and Dietetics,* Apr; *113*(4): 569–80.

[133] Freedman, L.S., Guenther, P.M., Krebs-Smith, S.M., and Kott, P.S. (2008). A population's mean Healthy Eating Index-2005 scores are best estimated by the score of the population ratio when one 24-hour recall is available. *Journal of Nutrition, 138,* 1725–1729.

[134] Singh, A.S., Mulder, C., Twisk, J.W., Van, M.W., and Chinapaw, M.J. (2008). Tracking of childhood overweight into adulthood: A systematic review of the literature. *Obesity Review, 9,* 474–488.

[135] Must, A., Anderson, S.E. (2003). Effects of obesity on morbidity in children and adolescents. *Nutrition in Clinical Care, 6*(1), 4–11.

[136] Dietz, W.H. (1998). Health consequences of obesity in youth: Childhood predictors of adult disease. *Pediatrics, 105,* 518–525.

[137] Ogden, C.L., Flegal, K.M., Carroll, M.D., and Johnson, C.L. (2002). Prevalence and trends in overweight among U.S. children and adolescents, 1999–2000. *Journal of the American Medical Association, 288*(14), 1728–1732.

[138] Ogden, C.L., Carroll, M.D., Kit, B.K., and Flegal, K.M. (2012). Prevalence of obesity and trends in body mass index among US children and adolescents, 1999–2010. *Journal of the American Medical Association, 307*(5):483–90.

[139] Ogden, C.L., and Flegal, K.M. (2010). Changes in terminology for childhood overweight and obesity. *National Health Statistics Reports, 25.* Hyattsville, MD: National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf.

[140] U.S. Environmental Protection Agency. (2006). *Air quality criteria for ozone and related photochemical oxidants* (EPA/600/ R-05/004aF). Research Triangle Park, NC: Author.

[141] U.S. Environmental Protection Agency. (2009). *Integrated science assessment for particulate matter (Final Report)* (EPA/600/R-08/139F). Washington, DC: U.S. EPA, National Center for Environmental Assessment. Retrieved from http://cfpub.epa.gov/ncea/CFM/recordisplay.cfm?deid=216546.

[142] U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[143] National Academy of Sciences. (2000). *Clearing the air: Asthma and indoor air exposures.* Washington, DC: National Academy Press. Retrieved from http://books.nap.edu/catalog/9610.html.

[144] Gern, J.E. (2004). Viral respiratory infection and the link to asthma. *Pediatric Infectious Disease Journal, 23*(1 Suppl.), S78–86.

[145] Lemanske, R.F., Jr., and Busse, W.W. (2003). Asthma. *Journal of Allergy and Clinical Immunology, 111* (2 Suppl.), S502– 519.

[146] The ECLS-K:2011 is nationally representative of the nearly 4 million students who were enrolled in kindergarten or who were of kindergarten age and being educated in ungraded classrooms or schools in the United States in the 2010–2011 school year, including those in public and private schools and those who attended full-day and part-day programs. Kindergarten students who attended early learning centers or institutions that offered education only through kindergarten are included in the study sample and represented in the cohort. Additional information about the study is available at http://nces.ed.gov/ecls/.

[147] Denton Flanagan, K., and McPhee, C. (2009). *The Children Born in 2001 at Kindergarten Entry: First Findings From the Kindergarten Data Collections of the Early Childhood Longitudinal Study, Birth Cohort (ECLS-B)* (NCES 2010-005). National Center for Education Statistics, U.S. Department of Education. Washington, DC.; Mulligan, G.M., Hastedt, S., and McCarroll, J.C. (2012). *First-Time Kindergartners in 2010–11: First Findings From the Kindergarten Rounds of the Early Childhood Longitudinal Study, Kindergarten Class of 2010–11* (ECLS-K:2011) (NCES 2012-049). National Center for Education Statistics, U.S. Department of Education. Washington, DC.; Denton, K., Germino-Hausken, E. (2000). *America's Kindergartners.* (NCES 2000-070). National Center for Education Statistics, U.S. Department of Education. Washington, DC.

[148] Rathbun, A., and West, J. (2004) *From Kindergarten Through Third Grade: Children's Beginning School Experiences* (NCES 2004-007). National Center for Education Statistics, U.S. Department of Education. Washington, DC; Snyder,

T.D., and Dillow, S.A. (2012). *Digest of Education Statistics 2011* (NCES 2012-001). National Center for Education Statistics, U.S. Department of Education. Washington, DC.

[149] The kindergarten reading assessment included questions measuring basic skills (print familiarity, letter recognition, beginning and ending sounds, rhyming words, word recognition), vocabulary knowledge, and reading comprehension. Reading comprehension questions were asked only of children who could read.

[150] The mathematics assessment was designed to measure skills in conceptual knowledge, procedural knowledge, and problem solving. The assessment consisted of questions on number sense, properties, and operations; measurement; geometry and spatial sense; data analysis, statistics, and probability; and pre-algebra skills such as identification of patterns. Spanish-speaking children who did not pass the language screener completed the full mathematics assessment administered in Spanish.

[151] The science assessment included questions about physical sciences, life sciences, environmental sciences, and scientific inquiry.

[152] Children in multiple care arrangements spent equal amounts of time in each type of care arrangement.

[153] Zill, N., and West, J. (2000). *Entering kindergarten: A portrait of American children when they begin school: Findings from the Condition of Education 2000.* U.S. Department of Education, National Center for Education Statistics, (NCES 2001-035), Washington, DC: U.S. Government Printing Office, 2001.

[154] Entwisle, D.R., and Alexander, K.L. (1998). Facilitating the transition to first grade: The nature of transition and research on factors affecting it. *The Elementary School Journal, 98*(4): 351–364.; Finn, J.D., and Pannozzo, G.M. (2004). Classroom organization and student behavior in kindergarten. *Journal of Educational Research, 98*(2): 79–92.

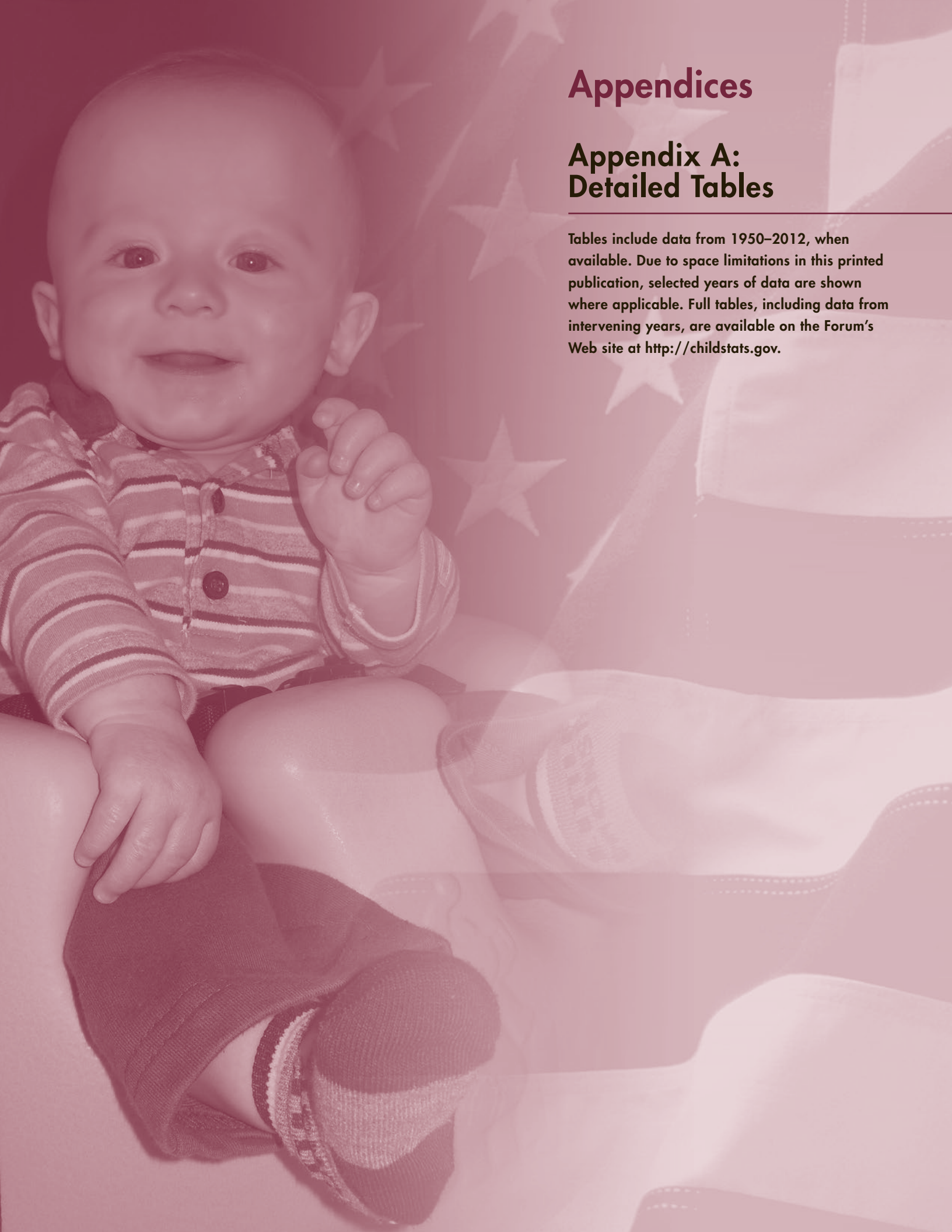
[155] Finn, J.D., and Pannozzo, G.M. (2004). Ladd, G.W., Birch, S.H., and Buhs, E.S. (1999). Children's social and scholastic lives in kindergarten: Related spheres of influence? *Child Development, 70*(6): 1373–1400.

[156] Http://www.nihtoolbox.org/WhatAndWhy/Cognition/ExecutiveFunction/Pages/default.aspx.

[157] Casey, B.J., Thomas, K.M., Welsh, T.F., Badgaiyan, R.D., Eccard, C.H., Jenings, J.R., and Crone, E.A. (2000). Dissociation of response conflict, attention selection, and expectancy with functional magnetic resonance imaging. *Proceedings of the National Academy of Sciences, 97*(15):8728–8733.

[158] Blair, C., and Razza, R.P. (2007). Relating effortful control, executive function, and false belief understanding to emerging math and literacy ability in kindergarten. *Child Development, 78*(2), 647–663.

[159] Rueda, M.R., Rothbart, M.K., McCandliss, B.D., Saccomanno L., and Posner, M.I. (2005). Training, maturation, and genetic influences on the development of executive attention. *PNAS,* 41, 14931–14936.; Klingberg et al., (2005). Computerized training of working memory in children with ADHD—A randomized, controlled, trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 44*(2005), pp. 177–186; Diamond, A., Barnett W.S., Thomas, J., Munro, S. (2007). Preschool program improves cognitive control. *Science, 30:*1387–1388.



Appendices

Appendix A: Detailed Tables

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Table POP1

Child population: Number of children (in millions) ages 0–17 in the United States by age, selected years 1950–2012 and projected 2030–2050

	Estimated									Projected	
Number (in millions)	**1950**	**1960**	**1970**	**1980**	**1990**	**2000**	**2010**	**2011**	**2012**	**2030**	**2050**
All children	47.3	64.5	69.8	63.7	64.2	72.4	74.1	73.9	73.7	80.3	85.9
Age											
Ages 0–5	19.1	24.3	20.9	19.6	22.5	23.1	24.3	24.2	24.1	26.7	28.9
Ages 6–11	15.3	21.8	24.6	20.8	21.6	25.0	24.6	24.6	24.5	26.9	28.7
Ages 12–17	12.9	18.4	24.3	23.3	20.1	24.3	25.3	25.1	25.1	26.7	28.3

SOURCE: U.S. Census Bureau, *Current Population Reports,* Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); and intercensal estimates for 1980–1989, 1990–1999, and 2000–2009. The data for 2010 to 2012 are based on the population estimates released for July 1, 2012. The data for 2013 and beyond are derived from the national population projections released in December 2012.

Table POP2

Children as a percentage of the population: Persons in selected age groups as a percentage of the total U.S. population, and children ages 0–17 as a percentage of the dependent population, selected years 1950–2012 and projected 2030–2050

	Estimated									Projected	
Age	**1950**	**1960**	**1970**	**1980**	**1990**	**2000**	**2010**	**2011**	**2012**	**2030**	**2050**
Percentage of total population											
Ages 0–17	31.0	36.0	34.0	28.0	26.0	25.7	24.0	23.7	23.5	22.4	21.5
Ages 18–64	61.0	55.0	56.0	61.0	62.0	61.9	63.0	63.0	62.8	57.3	57.6
Ages 65 and older	8.0	9.0	10.0	11.0	13.0	12.4	13.1	13.3	13.7	20.3	20.9
Children ages 0–17 as a percentage of the dependent population[a]											
Ages 0–17	79.0	79.0	78.0	71.0	67.0	67.4	64.7	64.1	63.1	52.5	50.6

[a] The dependent population includes all persons ages 17 and under and all persons ages 65 and older.

SOURCE: U.S. Census Bureau, *Current Population Reports,* Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); and intercensal estimates for 1980–1989, 1990–1999, and 2000–2009. The data for 2010 to 2012 are based on the population estimates released for July 1, 2012. The data for 2013 and beyond are derived from the national population projections released in December 2012.

Table POP3

Racial and ethnic composition: Percentage of children ages 0–17 in the United States by race and Hispanic origin, selected years 1980–2012 and projected 2030–2050

	Estimated									Projected	
Race and Hispanic origin	**1980**	**1985**	**1990**	**1995**	**2000**	**2005**	**2010**	**2011**	**2012**	**2030**	**2050**
White	82.0	81.0	80.0	79.0	76.8	75.4	73.8	73.6	73.4	69.9	66.1
Black	15.0	15.0	15.0	16.0	15.6	15.5	15.2	15.2	15.1	15.2	15.1
American Indian and Alaska Native (AIAN)	1.0	1.0	1.0	1.0	1.3	1.4	1.6	1.6	1.6	1.7	1.7
Asian and Pacific Islander	2.0	3.0	3.0	4.0	—	—	—	—	—	—	—
Asian	—	—	—	—	3.6	4.1	4.6	4.7	4.8	5.8	6.8
Native Hawaiian and Other Pacific Islander (NHPI)	—	—	—	—	0.2	0.2	0.3	0.3	0.3	0.3	0.3
Two or more races	—	—	—	—	2.5	3.4	4.5	4.7	4.8	7.1	9.9
Hispanic	9.0	10.0	12.0	14.0	17.2	20.1	23.2	23.5	23.9	29.2	35.6
Non-Hispanic											
White	74.0	72.0	69.0	66.0	61.2	57.4	53.7	53.2	52.8	45.1	36.4
Black	15.0	15.0	15.0	15.0	14.8	14.5	14.1	14.0	13.9	13.6	13.2
AIAN	1.0	1.0	1.0	1.0	1.0	0.9	0.9	0.9	0.9	0.8	0.8
Asian and Pacific Islander	2.0	3.0	3.0	4.0	—	—	—	—	—	—	—
Asian	—	—	—	—	3.5	3.9	4.4	4.5	4.6	5.5	6.4
NHPI	—	—	—	—	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Two or more races	—	—	—	—	2.2	2.9	3.7	3.8	3.9	5.5	7.4

— Not available.

NOTE: Data from 2000 onward are not directly comparable with data from earlier years. For the first time in Census 2000, individuals were presented with the option to self-identify with more than one race. From 2000 onward, all race groups discussed in this table, except for the two or more races category, refer to people who identified with only one racial category. Prior to 2000, Asian responses and Pacific Islander responses were considered one category ("Asian or Pacific Islander"). From 2000 onward, these responses were considered two distinct categories ("Asian" or "Native Hawaiian and Other Pacific Islander"). Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race. For more information, see the 1997 Revisions to the Standards on the Classification of Federal Data on Race and Ethnicity, http://www.whitehouse.gov/omb/fedreg_1997standards.

SOURCE: U.S. Census Bureau, Population Division. These data are available on the Census Bureau Web site on the Population Estimates and Population Projections pages. The data for 1980 to 2009 are intercensal estimates and incorporate the 1980, 1990, 2000, and 2010 censuses as benchmarks. The data for 2010 to 2012 are based on the population estimates released for July 1, 2012. The data for 2013 and beyond are derived from the national population projections released in December 2012.

Table FAM1.A

Family structure and children's living arrangements: Percentage of children ages 0–17 by presence of parents in household and race and Hispanic origin,[a] selected years 1980–2012

Race and Hispanic origin and family structure	1980	1985	1990	1995	2000	2005[b]	2006[b]	2007[b]	2008[b]	2009[b]	2010[b]	2011[b]	2012[b]
Total													
Two parents	—	—	—	—	—	—	—	70.7	69.9	69.8	69.4	68.9	68.1
Two married parents	77.0	74.0	73.0	69.0	69.0	67.3	67.4	67.8	66.7	66.8	65.7	65.0	64.1
Mother only	18.0	21.0	22.0	23.0	22.0	23.4	23.3	22.6	22.8	22.8	23.1	23.6	24.4
Father only	2.0	2.0	3.0	4.0	4.0	4.8	4.7	3.2	3.5	3.4	3.4	3.5	4.0
No parent	4.0	3.0	3.0	4.0	4.0	4.5	4.6	3.5	3.8	4.0	4.1	3.9	3.6
White, non-Hispanic													
Two married parents	—	—	81.0	78.0	77.0	—	—	—	—	—	—	—	—
Mother only	—	—	15.0	16.0	16.0	—	—	—	—	—	—	—	—
Father only	—	—	3.0	3.0	4.0	—	—	—	—	—	—	—	—
No parent	—	—	2.0	3.0	3.0	—	—	—	—	—	—	—	—
White-alone, non-Hispanic													
Two parents	—	—	—	—	—	—	—	78.6	77.8	78.1	77.5	77.2	76.5
Two married parents	—	—	—	—	—	75.9	75.9	76.2	75.4	75.8	75.0	74.6	73.7
Mother only	—	—	—	—	—	16.4	16.0	15.3	15.5	15.3	15.5	15.9	16.4
Father only	—	—	—	—	—	4.8	4.8	3.6	4.1	3.8	3.8	4.0	4.3
No parent	—	—	—	—	—	2.9	3.2	2.5	2.6	2.8	3.1	3.0	2.8
Black													
Two married parents	42.0	39.0	38.0	33.0	38.0	—	—	—	—	—	—	—	—
Mother only	44.0	51.0	51.0	52.0	49.0	—	—	—	—	—	—	—	—
Father only	2.0	3.0	4.0	4.0	4.0	—	—	—	—	—	—	—	—
No parent	12.0	7.0	8.0	11.0	9.0	—	—	—	—	—	—	—	—
Black-alone													
Two parents	—	—	—	—	—	—	—	39.8	37.5	38.7	39.7	37.7	38.1
Two married parents	—	—	—	—	—	35.0	34.6	36.8	34.5	35.4	35.1	33.0	33.4
Mother only	—	—	—	—	—	50.2	51.2	49.8	51.1	49.8	49.3	51.2	50.9
Father only	—	—	—	—	—	5.0	4.8	3.5	3.3	3.3	3.6	3.5	4.2
No parent	—	—	—	—	—	9.8	9.4	6.8	8.1	8.2	7.4	7.6	6.7
Hispanic													
Two parents	—	—	—	—	—	—	—	69.8	69.7	68.7	67.0	66.9	65.7
Two married parents	75.0	68.0	67.0	63.0	65.0	64.7	65.9	65.5	64.2	63.7	60.9	60.2	59.0
Mother only	20.0	27.0	27.0	28.0	25.0	25.4	25.0	24.5	24.1	24.9	26.3	26.5	28.0
Father only	2.0	2.0	3.0	4.0	4.0	4.8	4.1	2.1	2.4	2.5	2.7	2.7	3.1
No parent	3.0	3.0	3.0	4.0	5.0	5.1	5.0	3.6	3.9	3.9	4.0	3.9	3.2

— Not available.

[a] From 1980 to 2002, following the 1977 Office of Management and Budget (OMB) standards for collecting and presenting data on race, the Current Population Survey (CPS) asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The Census Bureau also offered an "Other" category. Beginning in 2003, following the 1997 OMB standards for collecting and presenting data on race, the CPS asked respondents to choose one or more races from the following: White, Black, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All race groups discussed in this table from 2003 onward refer to people who indicated only one racial identity within the racial categories presented. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[b] Beginning with March 2001, data are from the expanded CPS sample and use population controls based on Census 2000.

NOTE: Data for 2012 exclude about 253,000 household residents under age 18 who were listed as family reference persons or spouses. Prior to 2007, CPS data identified only one parent on the child's record. This meant that a second parent could only be identified if they were married to the first parent. In 2007, a second parent identifier was added to the CPS. This permits identification of two coresident parents, even if the parents are not married to each other. In this table, "two parents" reflects all children who have both a mother and father identified in the household, including biological, step, and adoptive parents. Before 2007, "mother only" and "father only" included some children who lived with two unmarried parents. Beginning in 2007, "mother only" and "father only" refer to children for whom only one parent in the household has been identified, whether biological, step, or adoptive.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements. U.S. Census Bureau, Families and Living Arrangements reports and detailed tables (from 1978) are available on the U.S. Census Bureau Web site at http://www.census.gov/hhes/families/data/cps.html.

Table FAM1.B

Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2012

Characteristic	Total	Two parents[a]			
		Two biological/adoptive parents		Biological/adoptive parent and stepparent	
		Married	Cohabiting	Married	Cohabiting
Total (in thousands)	73,817	43,544	2,557	3,785	381
Percent of total	100.0	59.0	3.5	5.1	0.5
Percent by number of parents	100.0	86.6	5.1	7.5	0.8
Gender					
Male	51.2	51.3	53.1	51.8	52.0
Female	48.8	48.7	46.9	48.2	48.0
Race and Hispanic origin[b]					
White	73.5	80.5	69.3	78.3	69.0
White, non-Hispanic	52.9	60.8	35.3	61.0	45.1
Black	15.1	7.5	16.7	12.7	24.1
Black, non-Hispanic	13.7	6.6	12.6	11.9	19.9
Asian	4.9	6.7	3.6	2.2	1.3
All other races[b]	6.5	5.4	10.3	6.8	5.2
Hispanic (of any race)	23.8	22.1	41.6	19.1	29.7
Age					
Ages 0–5	32.9	34.9	68.2	9.2	24.9
Ages 6–14	49.9	49.4	27.6	58.1	59.1
Ages 15–17	17.2	15.8	4.1	32.6	16.0
Father's education					
Father not present	27.9	—	—	—	—
Less than high school	9.7	12.4	29.8	12.3	16.8
High school graduate	19.5	24.6	40.3	35.0	38.6
Some college	17.8	24.0	23.3	31.8	30.2
Bachelor's degree or more	25.1	39.0	6.6	20.9	14.2
Mother's education					
Mother not present	7.5	—	—	—	—
Less than high school	12.5	11.0	25.8	11.0	22.8
High school graduate	23.3	21.6	33.2	28.6	29.1
Some college	27.1	26.2	31.4	37.9	27.8
Bachelor's degree or more	29.6	41.2	9.5	22.5	19.9
Poverty status					
Below 100% poverty	22.2	10.7	47.9	13.1	31.0
100–199% poverty	22.3	19.1	28.5	22.5	26.8
200% poverty and above	55.5	70.2	23.5	64.4	42.0

See notes at end of table.

Table FAM1.B (cont.) **Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2012**

Characteristic	One parent			
	Mother		Father	
	Not cohabiting	Cohabiting	Not cohabiting	Cohabiting
Total (in thousands)	16,090	1,901	2,174	750
Percent of total	21.8	2.6	2.9	1.0
Percent by number of parents	76.9	9.1	10.4	3.6
Gender				
Male	50.4	48.9	56.0	53.7
Female	49.6	51.1	44.0	46.3
Race and Hispanic origin[b]				
White	56.3	75.4	74.3	70.7
White, non-Hispanic	33.5	54.3	59.4	50.1
Black	33.9	12.0	15.7	17.5
Black, non-Hispanic	31.3	10.4	15.3	16.1
Asian	2.1	2.4	3.3	1.2
All other races[b]	7.6	10.3	6.7	10.7
Hispanic (of any race)	27.5	26.0	17.0	22.7
Age				
Ages 0–5	31.3	28.2	17.7	33.6
Ages 6–14	50.9	54.5	58.2	54.3
Ages 15–17	17.9	17.3	24.1	12.1
Father's education				
Father not present	100.0	100.0	—	—
Less than high school	—	—	13.1	18.4
High school graduate	—	—	39.4	40.0
Some college	—	—	26.0	29.3
Bachelor's degree or more	—	—	21.6	12.3
Mother's education				
Mother not present	—	—	100.0	100.0
Less than high school	18.7	13.3	—	—
High school graduate	31.8	34.2	—	—
Some college	34.4	37.6	—	—
Bachelor's degree or more	15.2	15.0	—	—
Poverty status				
Below 100% poverty	44.9	48.7	17.3	27.9
100–199% poverty	27.7	27.2	26.9	30.5
200% poverty and above	27.4	24.1	55.8	41.6

See notes at end of table.

Table FAM1.B (cont.) **Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2012**

Characteristic	No parents				
	Grandparent	Other relatives only—no grandparent	Nonrelative only—not foster	Foster parent(s)	All other[c]
Total (in thousands)	1,454	592	241	193	153
Percent of total	2.0	0.8	0.3	0.3	0.2
Percent by number of parents	55.2	22.5	9.2	7.3	5.8
Gender					
Male	49.1	50.0	33.2	54.4	46.4
Female	50.9	50.0	66.8	45.6	53.6
Race and Hispanic origin[b]					
White	59.2	55.1	69.7	63.2	66.7
White, non-Hispanic	43.1	29.4	53.9	44.6	47.7
Black	30.0	32.4	15.8	30.6	17.0
Black, non-Hispanic	28.7	31.3	12.0	25.4	17.0
Asian	0.9	6.3	7.5	1.0	2.6
All other races[b]	9.8	6.4	7.1	5.7	13.7
Hispanic (of any race)	18.2	28.4	19.5	24.4	24.2
Age					
Ages 0–5	29.6	18.8	26.1	39.9	25.5
Ages 6–14	51.7	47.3	43.2	40.4	48.4
Ages 15–17	18.7	34.0	31.1	20.2	26.8
Father's education					
Father not present	100.0	100.0	100.0	100.0	100.0
Less than high school	—	—	—	—	—
High school graduate	—	—	—	—	—
Some college	—	—	—	—	—
Bachelor's degree or more	—	—	—	—	—
Mother's education					
Mother not present	100.0	100.0	100.0	100.0	100.0
Less than high school	—	—	—	—	—
High school graduate	—	—	—	—	—
Some college	—	—	—	—	—
Bachelor's degree or more	—	—	—	—	—
Poverty status					
Below 100% poverty	31.9	29.1	97.5	100.0	62.1
100–199% poverty	31.2	33.6	2.5	0.0	24.2
200% poverty and above	37.0	37.3	0.0	0.0	14.4

— Not available.

[a] This category also includes children living with two stepparents.

[b] Following the 1997 Office of Management and Budget (OMB) standards for collecting and presenting data on race, the Survey of Income and Program Participation (SIPP) asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or Other Pacific Islander. The Census Bureau also offered an "Other" category. Those who chose more than one race were classified as "Two or more races." Except for the "All other races" category, all race groups discussed in this table refer to people who indicated only one racial identity within the racial categories presented. (Those who were "Two or more races" were included in the "All other races" category, along with American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, and those who chose "Other.") People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[c] The category "All other" includes children who live with both relatives (other than grandparents) and nonrelatives.

NOTE: Data exclude about 253,000 household residents under age 18 who were listed as family reference persons or spouses. "Cohabiting" means the parent is cohabiting with an unmarried partner. Relatives are anyone who is reported as related to the householder by blood, marriage, or adoption.

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

Table FAM2.A Births to unmarried women: Birth rates for unmarried women by age of mother, selected years 1980–2011

(Live births to unmarried women per 1,000 in specified age group)

Age of mother	1980	1985	1990	1995	2000	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total ages 15–44	29.4	32.8	43.8	44.3	44.1	44.7	46.0	47.2	50.3	51.8	51.8	49.9	47.6	46.1
Age														
Ages 15–17	20.6	22.4	29.6	30.1	23.9	20.1	19.9	19.4	20.1	20.4	20.1	18.8	16.8	//
Ages 18–19	39.0	45.9	60.7	66.5	62.2	56.6	56.6	57.0	60.3	61.9	59.7	56.3	52.0	//
Ages 20–24	40.9	46.5	65.1	68.7	72.2	71.0	72.3	74.5	79.1	79.8	78.1	74.4	70.0	//
Ages 25–29	34.0	39.9	56.0	54.3	58.5	66.2	69.1	71.5	75.4	76.9	75.7	73.0	69.2	//
Ages 30–34	21.1	25.2	37.6	38.9	39.3	44.2	47.3	50.4	55.3	58.0	58.8	57.1	56.3	//
Ages 35–39	9.7	11.6	17.3	19.3	19.7	22.3	23.5	24.5	26.8	28.7	30.2	29.7	29.6	//
Ages 40–44	2.6	2.5	3.6	4.7	5.0	5.8	6.0	6.2	6.5	6.8	7.5	7.8	8.0	//

// Not available at time of publication.

NOTE: The 2011 rate for total ages 15–44 is preliminary. 2011 data for specific age groups are not yet available. The birth rates for all age groups for 2001–2009 have been revised since previous publication in *America's Children.* The revised rates use intercensal population estimates based on the 2000 and 2010 Censuses to provide more accurate rates for the period. Births to unmarried women were somewhat underreported in Michigan and Texas during the years 1989–1993; data since 1994 have been reported on a complete basis.

SOURCE: National Center for Health Statistics, National Vital Statistics System. Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2012). Births: Preliminary data for 2011. *National Vital Statistics Reports, 61*(5). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Ventura, S.J., Osterman, M.J.K., Wilson, E.C., and Mathews, T.J. (2012). Births: Final data for 2010. *National Vital Statistics Reports, 61*(1). Hyattsville, MD: National Center for Health Statistics. Hamilton, B.E., Sutton, P.D., and Ventura, S.J. (2003). Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. *National Vital Statistics Reports, 51*(12). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J., and Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940–99. *National Vital Statistics Reports, 48*(16). Hyattsville, MD: National Center for Health Statistics.

Table FAM2.B Births to unmarried women: Percentage of all births that are to unmarried women by age of mother, selected years 1980–2011

Age of mother	1980	1985	1990	1995	2000	2003	2004	2005	2006	2007	2008	2009	2010	2011
All ages	18.4	22.0	28.0	32.2	33.2	34.6	35.8	36.9	38.5	39.7	40.6	41.0	40.8	40.7
Age														
Under age 15	88.7	91.8	91.6	93.5	96.5	97.1	97.4	98.0	98.3	98.8	99.1	99.0	99.3	99.1
Ages 15–17	61.5	70.9	77.7	83.7	87.7	89.7	90.3	90.9	91.9	92.8	93.7	94.2	95.0	95.3
Ages 18–19	39.8	50.7	61.3	69.8	74.3	77.3	78.7	79.7	80.6	82.2	83.5	84.2	85.1	85.7
Ages 20–24	19.3	26.3	36.9	44.7	49.5	53.2	54.7	56.2	57.9	59.6	60.9	62.1	63.1	64.1
Ages 25–29	9.0	12.7	18.0	21.5	23.5	26.4	27.8	29.3	31.0	32.2	33.2	33.8	33.9	34.4
Ages 30–34	7.4	9.7	13.3	14.7	14.0	15.1	16.1	17.0	18.3	19.3	20.2	20.7	21.1	21.6
Ages 35–39	9.4	11.2	13.9	15.7	14.3	14.8	15.2	15.7	16.4	17.3	18.2	19.0	19.6	20.1
Ages 40 and older	12.1	14.0	17.0	18.1	16.8	17.9	18.2	18.8	19.4	20.0	20.8	21.4	21.7	22.4

NOTE: Data for 2011 are preliminary.

SOURCE: National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., and Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940–99. *National Vital Statistics Reports, 48*(16). Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., and Park, M.M. (2002). Births: Final data for 2000. *National Vital Statistics Reports, 50*(5). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., Park, M.M., and Sutton, P.D. (2002). Births: Final data for 2001. *National Vital Statistics Reports, 51*(2). Hyattsville, MD: National Center for Health Statistics. 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. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Munson, M.L. (2005). Births: Final Data for 2003. *National Vital Statistics Reports 54*(2). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Kirmeyer, S. (2006). Births: Final data for 2004. *National Vital Statistics Reports 55*(1). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., Kirmeyer, S., and Munson, M.L. (2007). Births: Final data for 2005. *National Vital Statistics Reports 56*(6). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., Kirmeyer, S., and Mathews, T.J., (2009). Births: Final data for 2006. *National Vital Statistics Reports 57*(7). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Mathews T.J., and Osterman, M.J.K. (2010). Births: Final Data for 2008. *National Vital Statistics Reports 59*(1). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Ventura, S.J., Osterman, M.J.K., Kirmeyer, S.. Mathews, T.J., and Wilson, E.C. (2011). Births: Final Data for 2009. *National Vital Statistics Reports, 60*(1). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Ventura, S.J., Osterman, M.J.K., Wilson, E.C., and Mathews, T.J. (2012). Births: Final data for 2010. *National Vital Statistics Reports, 61*(1). Hyattsville, MD: National Center for Health Statistics. Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2012). Births: Preliminary data for 2011. *National Vital Statistics Reports, 61*(5) Hyattsville, MD: National Center for Health Statistics.

Table FAM3.A

Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Percent												
Total												
Mother care[a]	8.1	7.6	6.4	8.7	6.2	5.4	3.2	3.0	3.2	4.4	4.4	3.6
Father care[a]	15.7	15.1	16.5	20.0	15.9	16.6	17.7	17.1	17.5	17.3	18.6	19.5
Grandparent care	15.9	13.9	14.3	15.8	17.0	15.9	17.5	19.7	18.6	19.6	19.4	20.5
Other relative care[b]	8.2	7.2	8.8	7.7	9.0	5.5	7.4	8.0	6.2	6.6	5.8	5.3
Center-based care[c]	23.1	25.8	27.5	23.1	29.9	25.1	20.4	21.0	24.3	23.8	23.7	24.1
Other nonrelative care[d]	28.2	28.9	25.1	23.3	21.6	28.4	20.2	18.8	17.2	16.0	13.5	13.1
Other[e]	0.8	1.6	1.3	1.6	1.1	2.9	13.7	12.4	13.0	12.0	14.1	14.0
Poverty status												
Below 100% poverty												
Mother care[a]	—	11.3	—	9.5	8.1	4.5	3.9	2.9	4.1	7.8	3.9	3.5
Father care[a]	—	15.0	—	26.7	16.2	20.1	18.7	14.5	19.9	19.8	16.2	20.8
Grandparent care	—	19.4	—	16.3	20.0	22.4	20.7	23.8	19.7	19.8	23.3	19.6
Other relative care[b]	—	11.3	—	11.4	15.8	7.0	12.3	13.5	10.0	8.8	9.2	11.3
Center-based care[c]	—	21.6	—	21.1	21.0	25.8	14.9	18.3	15.9	18.2	15.4	17.7
Other nonrelative care[d]	—	21.1	—	15.1	18.8	16.5	14.7	18.0	12.6	11.8	12.1	10.6
Other[e]	—	0.8	—	2.7	1.2	3.5	14.6	8.8	17.6	13.7	18.9	16.4
100% poverty and above												
Mother care[a]	—	7.3	—	8.5	5.9	5.5	3.1	2.9	3.1	3.8	4.5	3.4
Father care[a]	—	15.1	—	19.4	16.0	16.4	17.7	17.6	17.3	17.1	19.0	19.1
Grandparent care	—	13.4	—	15.6	16.0	15.1	17.2	19.3	18.7	19.7	18.7	20.8
Other relative care[b]	—	6.8	—	7.3	8.0	5.3	6.8	7.3	5.7	6.2	5.2	4.0
Center-based care[c]	—	27.8	—	25.1	32.3	24.8	21.2	21.1	25.1	24.8	25.6	25.6
Other nonrelative care[d]	—	29.6	—	24.2	21.8	29.9	20.9	19.4	18.4	16.7	13.9	13.8
Other[e]	—	1.6	—	1.5	1.1	2.8	12.9	12.2	11.7	11.4	12.7	13.3
Region[f]												
Northeast												
Mother care[a]	—	—	—	—	—	5.3	2.7	2.3	2.9	3.5	2.0	2.4
Father care[a]	—	—	—	—	—	22.4	19.0	21.5	21.4	19.3	18.1	19.7
Grandparent care	—	—	—	—	—	12.9	19.2	18.7	18.8	20.6	18.0	19.1
Other relative care[b]	—	—	—	—	—	8.0	9.9	7.3	4.4	5.0	4.1	5.3
Center-based care[c]	—	—	—	—	—	24.4	15.9	18.4	24.5	23.2	24.1	22.0
Other nonrelative care[d]	—	—	—	—	—	23.9	19.9	17.9	14.7	15.9	16.2	16.4
Other[e]	—	—	—	—	—	3.0	13.2	13.7	13.1	12.3	17.0	15.1
South												
Mother care[a]	—	—	—	—	—	4.3	3.0	3.3	2.1	4.2	2.8	3.3
Father care[a]	—	—	—	—	—	9.3	13.9	12.9	13.4	14.1	14.5	15.5
Grandparent care	—	—	—	—	—	17.1	18.1	21.8	20.9	20.9	22.3	22.3
Other relative care[b]	—	—	—	—	—	5.3	5.7	7.6	7.8	6.5	5.1	5.5
Center-based care[c]	—	—	—	—	—	30.7	27.7	26.8	28.0	28.0	28.3	27.5
Other nonrelative care[d]	—	—	—	—	—	30.0	18.2	18.1	15.9	13.0	10.6	9.8
Other[e]	—	—	—	—	—	3.1	13.4	9.3	11.8	13.1	16.2	16.2
Midwest												
Mother care[a]	—	—	—	—	—	6.3	3.3	2.0	3.5	5.4	5.6	3.5
Father care[a]	—	—	—	—	—	19.1	22.2	20.3	21.6	18.7	22.3	20.1
Grandparent care	—	—	—	—	—	15.4	15.6	16.3	15.9	17.1	17.3	17.8
Other relative care[b]	—	—	—	—	—	5.0	8.0	6.6	3.6	6.5	6.1	4.5
Center-based care[c]	—	—	—	—	—	21.1	16.8	19.9	20.7	21.7	22.0	25.4
Other nonrelative care[d]	—	—	—	—	—	30.9	22.2	24.0	22.6	19.4	15.8	17.4
Other[e]	—	—	—	—	—	2.0	11.7	10.9	11.9	11.0	10.2	11.3

See notes at end of table.

Table FAM3.A (cont.) **Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011**

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Region[f]—continued												
West												
Mother care[a]	—	—	—	—	—	5.6	3.8	3.9	4.9	4.3	7.3	5.1
Father care[a]	—	—	—	—	—	18.5	17.9	17.0	17.8	19.9	21.8	25.4
Grandparent care	—	—	—	—	—	17.5	17.9	21.4	18.3	19.5	17.7	21.4
Other relative care[b]	—	—	—	—	—	4.1	7.6	10.5	8.1	8.1	8.0	5.9
Center-based care[c]	—	—	—	—	—	23.1	17.4	15.5	19.9	19.7	18.0	18.3
Other nonrelative care[d]	—	—	—	—	—	27.2	20.7	16.7	17.1	17.5	13.6	11.6
Other[e]	—	—	—	—	—	3.8	14.6	14.8	14.0	10.9	12.8	12.3
Race and Hispanic origin of mother[g]												
White												
Mother care[a]	—	—	—	—	—	5.8	3.7	3.2	3.5	4.8	4.2	3.8
Father care[a]	—	—	—	—	—	17.8	18.7	18.1	18.4	18.4	19.0	20.1
Grandparent care	—	—	—	—	—	15.5	16.5	17.7	17.9	19.2	19.4	20.3
Other relative care[b]	—	—	—	—	—	4.5	6.5	7.6	4.9	5.5	5.6	4.4
Center-based care[c]	—	—	—	—	—	24.3	19.8	20.1	23.2	22.4	23.2	22.7
Other nonrelative care[d]	—	—	—	—	—	29.0	21.2	20.9	18.4	17.1	14.2	14.3
Other[e]	—	—	—	—	—	2.9	13.6	12.1	13.5	12.4	13.9	14.4
White, non-Hispanic												
Mother care[a]	—	—	—	—	—	6.1	4.0	3.2	3.7	4.9	4.3	4.2
Father care[a]	—	—	—	—	—	17.6	18.9	18.1	19.1	19.3	18.9	19.0
Grandparent care	—	—	—	—	—	15.4	15.3	17.0	16.5	17.5	17.8	19.2
Other relative care[b]	—	—	—	—	—	4.0	5.7	6.2	3.6	3.8	4.0	3.6
Center-based care[c]	—	—	—	—	—	24.8	21.0	22.2	24.3	24.5	24.9	24.5
Other nonrelative care[d]	—	—	—	—	—	29.4	21.1	21.3	19.6	17.7	15.3	15.3
Other[e]	—	—	—	—	—	2.7	13.9	12.0	13.3	12.0	14.4	14.2
Black												
Mother care[a]	—	—	—	—	—	2.1	0.7	1.8	1.2	3.1	4.1	2.8
Father care[a]	—	—	—	—	—	8.8	11.9	12.9	13.5	12.3	14.3	13.7
Grandparent care	—	—	—	—	—	16.0	23.7	25.1	21.6	19.5	20.3	21.1
Other relative care[b]	—	—	—	—	—	9.9	13.2	10.6	12.6	10.9	8.1	12.1
Center-based care[c]	—	—	—	—	—	32.5	25.8	27.0	27.4	29.6	26.5	28.3
Other nonrelative care[d]	—	—	—	—	—	28.3	14.3	13.1	14.3	13.3	11.2	7.4
Other[e]	—	—	—	—	—	2.3	10.2	9.4	9.2	11.1	15.0	14.6
Black, non-Hispanic												
Mother care[a]	—	—	—	—	—	2.2	0.8	1.9	1.2	3.3	3.9	2.9
Father care[a]	—	—	—	—	—	8.9	11.7	12.4	13.2	11.9	13.9	12.1
Grandparent care	—	—	—	—	—	15.7	23.9	24.4	22.9	19.5	21.5	22.0
Other relative care[b]	—	—	—	—	—	10.1	13.0	10.9	12.0	11.3	8.4	11.0
Center-based care[c]	—	—	—	—	—	33.2	26.4	27.5	27.0	29.5	27.2	29.6
Other nonrelative care[d]	—	—	—	—	—	27.9	13.9	13.5	13.7	13.2	9.6	7.1
Other[e]	—	—	—	—	—	1.9	10.3	9.3	9.9	11.2	15.2	15.3
Hispanic												
Mother care[a]	—	—	—	—	—	3.6	1.3	2.6	2.7	3.4	3.4	1.7
Father care[a]	—	—	—	—	—	19.0	17.5	18.6	15.1	14.7	19.7	26.0
Grandparent care	—	—	—	—	—	17.0	23.2	21.9	23.9	27.0	25.9	24.8
Other relative care[b]	—	—	—	—	—	8.7	12.6	14.0	12.0	12.8	11.7	9.3
Center-based care[c]	—	—	—	—	—	20.8	12.4	10.9	19.8	14.2	15.2	13.6
Other nonrelative care[d]	—	—	—	—	—	25.0	21.7	18.2	13.9	14.2	11.5	9.9
Other[e]	—	—	—	—	—	5.8	11.4	13.6	12.6	13.7	11.7	14.6

See notes at end of table.

Table FAM3.A (cont.) **Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011**

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Educational attainment of mother												
Less than high school												
Mother care[a]	—	—	—	—	—	6.3	3.6	1.7	4.1	5.4	2.1	4.0
Father care[a]	—	—	—	—	—	18.2	17.5	14.4	19.2	22.3	24.3	17.0
Grandparent care	—	—	—	—	—	21.2	18.4	23.4	15.5	16.7	17.8	18.2
Other relative care[b]	—	—	—	—	—	10.8	15.2	20.7	12.0	15.4	15.8	16.4
Center-based care[c]	—	—	—	—	—	16.9	12.7	16.3	17.5	12.0	8.0	11.5
Other nonrelative care[d]	—	—	—	—	—	20.8	17.3	13.5	17.4	11.7	13.9	8.3
Other[e]	—	—	—	—	—	4.8	15.2	9.9	14.2	16.2	17.0	24.5
High school diploma or equivalent												
Mother care[a]	—	—	—	—	—	5.6	2.1	3.5	2.5	4.1	3.7	2.3
Father care[a]	—	—	—	—	—	16.6	19.0	20.3	19.7	16.6	21.3	21.8
Grandparent care	—	—	—	—	—	20.5	20.3	23.5	23.2	25.7	22.7	24.0
Other relative care[b]	—	—	—	—	—	5.4	7.8	7.9	6.0	9.4	7.7	8.5
Center-based care[c]	—	—	—	—	—	25.7	18.1	18.8	20.0	18.4	18.2	18.4
Other nonrelative care[d]	—	—	—	—	—	23.2	19.0	14.2	14.5	13.0	11.7	11.7
Other[e]	—	—	—	—	—	2.6	13.6	11.7	13.9	12.7	14.1	13.4
Some college, including vocational/technical/ associate's degree												
Mother care[a]	—	—	—	—	—	4.9	3.5	1.9	3.2	4.3	6.1	3.4
Father care[a]	—	—	—	—	—	18.4	19.3	16.7	19.3	17.7	19.4	22.3
Grandparent care	—	—	—	—	—	14.2	18.5	20.1	20.8	21.9	21.6	21.8
Other relative care[b]	—	—	—	—	—	5.8	7.1	7.4	7.5	6.6	5.1	6.0
Center-based care[c]	—	—	—	—	—	25.6	22.1	18.6	23.2	23.8	22.4	20.6
Other nonrelative care[d]	—	—	—	—	—	27.7	16.6	21.1	15.3	15.5	10.0	13.2
Other[e]	—	—	—	—	—	3.1	12.8	14.1	10.6	10.1	14.8	12.7
Bachelor's degree or higher												
Mother care[a]	—	—	—	—	—	5.2	3.7	4.0	3.5	4.6	3.5	4.4
Father care[a]	—	—	—	—	—	14.4	14.9	15.7	13.7	16.6	15.6	16.2
Grandparent care	—	—	—	—	—	11.4	13.5	14.4	13.9	13.1	15.5	18.0
Other relative care[b]	—	—	—	—	—	3.4	5.0	4.0	3.4	2.7	4.0	1.2
Center-based care[c]	—	—	—	—	—	26.0	23.5	27.5	29.9	30.5	30.3	32.0
Other nonrelative care[d]	—	—	—	—	—	36.9	26.6	24.4	22.6	19.9	17.7	14.7
Other[e]	—	—	—	—	—	2.3	12.6	9.9	13.0	12.7	12.9	13.5

See notes at end of table.

Table FAM3.A (cont.) **Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011**

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Family structure												
Two married parents												
Mother care[a]	—	—	—	—	—	6.2	3.7	3.4	3.5	4.9	5.1	4.3
Father care[a]	—	—	—	—	—	18.7	20.6	19.9	20.6	19.5	20.9	21.6
Grandparent care	—	—	—	—	—	14.4	14.7	16.4	17.3	17.6	16.5	19.4
Other relative care[b]	—	—	—	—	—	4.8	6.0	6.4	4.7	4.8	4.1	2.6
Center-based care[c]	—	—	—	—	—	23.0	19.6	20.7	22.7	24.0	24.0	23.9
Other nonrelative care[d]	—	—	—	—	—	29.4	20.9	19.7	17.2	16.3	13.7	13.4
Other[e]	—	—	—	—	—	3.1	14.4	13.4	13.8	12.7	15.1	14.7
Mother only												
Mother care[a]	—	—	—	—	—	2.8	1.5	1.9	2.5	3.0	2.5	1.8
Father care[a]	—	—	—	—	—	10.4	9.1	10.1	9.8	12.1	13.3	14.5
Grandparent care	—	—	—	—	—	20.5	26.6	29.1	22.7	24.5	26.0	22.9
Other relative care[b]	—	—	—	—	—	7.2	12.3	12.2	10.2	11.0	10.1	11.5
Center-based care[c]	—	—	—	—	—	30.3	23.1	21.5	27.0	23.4	23.0	24.4
Other nonrelative care[d]	—	—	—	—	—	26.1	17.7	17.6	18.4	15.6	13.0	12.5
Other[e]	—	—	—	—	—	2.4	9.5	7.4	9.2	10.2	11.5	12.4

— Not available.

[a] Mother and father care each refer to care while the mother worked.

[b] Other relatives include siblings and other relatives.

[c] Center-based care includes day care centers, nursery schools, preschools, and Head Start programs.

[d] Other nonrelative care includes family day care providers, in-home babysitters, and other nonrelatives providing care in either the child's or provider's home.

[e] Other for 1985–1993 includes children in kindergarten or grade school, in a school-based activity, or in self-care. In 1995, it also includes children with no regular arrangement. Beginning in 1997, Other includes children in kindergarten or grade school, self-care, and with no regular arrangement, but does not include school-based activities, as they were deleted as categorical choices for preschoolers.

[f] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

[g] For race and Hispanic-origin data in this table: From 1995 to 2002, following the 1977 Office of Management and Budget (OMB) standards for collecting and presenting data on race, the Survey of Income and Program Participation (SIPP) asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The Census Bureau also offered an "Other" category. Beginning in 2004, following the 1997 OMB standards for collecting and presenting data on race, the SIPP asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or Other Pacific Islander. The Census Bureau also offered an "Other" category. All race groups discussed in this table from 2004 onward refer to people who indicated only one racial identity within the racial categories presented. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data from 2004 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: Employed mothers are those with wage and salary employment or other employment arrangements, including contingent work and self-employment. Data for years 1995 to 2011 were proportionately redistributed to account for tied responses for the primary arrangement so that they total to 100 percent and are comparable to earlier years.

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

Table FAM3.B **Child care: Percentage of children ages 3–6, not yet in kindergarten, in center-based care arrangements by child and family characteristics and region, selected years 1995–2007**

Characteristic	1995	2001	2005	2007
Total	55.0	56.3	57.1	55.3
Race and Hispanic origin[a]				
White, non-Hispanic	56.9	58.9	59.0	58.4
Black, non-Hispanic	59.5	63.0	66.5	65.2
Asian	58.6	61.9	70.4	63.9
Hispanic	37.2	39.8	43.5	38.9
Poverty status				
Below 100% poverty	45.6	46.6	47.2	40.6
100–199% poverty	43.2	48.7	46.5	45.1
200% poverty and above	65.8	64.0	66.2	65.3
Family type				
Two parents[b]	54.8	56.5	56.9	55.2
Two parents, married	—	57.3	58.3	56.8
Two parents, unmarried	—	46.4	42.8	37.7
One parent	56.0	55.8	57.7	55.0
No parents	50.5	55.9	59.6	57.2
Mother's highest level of education[c]				
Less than high school	34.8	38.0	34.9	28.7
High school diploma or equivalent	47.6	47.3	48.6	43.1
Some college, including vocational/technical/associate's degree	56.8	61.4	56.2	54.4
Bachelor's degree or higher	74.5	70.0	72.9	71.3
Mother's employment status[c]				
35 hours or more per week	60.2	62.9	63.7	65.5
Less than 35 hours per week	62.1	61.4	60.8	61.6
Looking for work	51.8	46.2	42.0	37.8
Not in the labor force	46.5	46.9	50.2	43.9
Region[d]				
Northeast	56.3	63.8	67.0	66.3
South	58.4	59.1	56.4	55.0
Midwest	53.8	55.5	54.4	55.8
West	49.9	47.4	54.2	47.6

— Not available.

[a] In 1995 and 2001, the 1977 Office of Management and Budget (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. For data from 2005 and 2007, 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, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native respondents and respondents who selected "Two or more races." For continuity purposes, in 2005 and 2007, respondents who reported the child being Asian or Native Hawaiian or Other Pacific Islander were combined. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[b] Refers to adults' relationship to child and does not indicate marital status.

[c] Children without a mother in the home are excluded from estimates of mother's highest level of education and mother's employment status.

[d] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

NOTE: Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs.

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

Table FAM3.C Child care: Child care arrangements of grade school children ages 5–14 with employed mothers, selected years 1995–2011

Type of child care (during mother's work hours)	1995	1997	1999	2002	2005	2010	2011
Ages 5 to 8							
Mother care[a]	6.4	5.5	4.8	3.8	6.4	7.3	5.1
Father care[a]	27.5	30.0	28.5	22.0	25.4	29.5	26.3
Grandparent care	20.2	24.0	25.5	20.3	20.7	21.6	20.9
Other relative care	6.9	10.4	9.2	7.7	6.8	7.8	6.5
Center-based care[b]	8.7	16.6	15.2	14.0	14.0	12.4	13.9
Enrichment activities[c]	25.8	15.8	18.6	15.6	16.2	14.4	17.9
Other nonrelative care[d]	26.3	20.7	20.0	14.2	11.2	11.0	10.1
Self care	4.8	4.3	3.1	2.8	2.2	2.2	2.4
Ages 9 to 11							
Mother care[a]	5.9	5.3	4.5	4.2	5.7	6.0	5.4
Father care[a]	25.9	26.9	25.6	19.9	22.2	25.1	24.1
Grandparent care	17.2	19.9	19.7	16.1	15.2	17.9	20.9
Other relative care	6.5	7.9	6.3	5.8	6.5	6.3	6.1
Center-based care[b]	–	5.4	5.9	4.4	6.2	3.4	4.2
Enrichment activities[c]	38.6	25.3	25.1	21.6	18.3	20.9	21.1
Other nonrelative care[d]	15.8	15.9	14.8	9.9	8.7	8.2	6.3
Self care	17.0	21.1	15.8	15.1	11.2	10.5	10.2
Ages 12 to 14							
Mother care[a]	3.7	3.6	3.9	3.6	4.2	4.9	3.7
Father care[a]	20.1	20.5	20.6	16.2	17.0	20.2	20.3
Grandparent care	8.0	12.6	11.6	9.7	8.9	9.8	11.4
Other relative care	3.4	4.9	4.1	3.5	3.5	4.0	3.0
Center-based care[b]	–	1.0	1.3	1.2	1.6	1.4	1.1
Enrichment activities[c]	41.9	23.0	24.0	20.2	15.3	18.9	17.8
Other nonrelative care[d]	3.6	6.8	4.9	3.9	4.3	4.0	3.1
Self care	43.0	48.2	42.9	39.3	37.2	35.7	32.5

— Not available.

[a] Mother and father care refer to care while the mother worked or was in school.

[b] Center-based care includes day care centers, nursery schools, preschools, and Head Start.

[c] Enrichment activities include sports, lessons, clubs, and before- and after-school programs.

[d] Other nonrelative includes family day care providers, in-home babysitters, and others providing care in the child's or provider's home.

NOTE: Employed mothers are those with wage and salary employment or other employment arrangements, including contingent work and self-employment. The sum of children by arrangement may exceed 100 percent because of multiple arrangements.

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

Table FAM4

Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents,[a] parent's education, poverty status, and other characteristics, selected years 1994–2012[b]

Characteristic	1994			1998			2002		
	Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent	
		Native child	Foreign-born child		Native child	Foreign-born child		Native child	Foreign-born child
Number of children ages 0–17 living with one or both parents (in thousands)	56,338	8,176	2,160	56,237	9,883	2,298	55,264	11,518	2,654
Percent of all children[c]	82	12	3	80	14	3	76	16	4
Gender of child									
Male	—	—	—	—	—	—	51	51	52
Female	—	—	—	—	—	—	49	49	48
Age of child									
Age < 1	—	—	—	—	—	—	6	7	1
Ages 1–2	—	—	—	—	—	—	11	14	3
Ages 3–5	—	—	—	—	—	—	16	19	10
Ages 6–8	—	—	—	—	—	—	17	17	14
Ages 9–11	—	—	—	—	—	—	18	17	20
Ages 12–14	—	—	—	—	—	—	18	14	25
Ages 15–17	—	—	—	—	—	—	17	11	28
Race and Hispanic origin of child[d]									
White	—	—	—	—	—	—	80	72	70
White, non-Hispanic	—	—	—	—	—	—	73	21	17
Black	—	—	—	—	—	—	17	9	9
Asian	—	—	—	—	—	—	1	17	20
Hispanic	—	—	—	—	—	—	8	55	55
Education of parent[e]									
Less than high school	14	38	48	12	37	45	10	36	41
High school graduate	35	21	20	34	23	22	31	23	21
Some college or associate's degree	28	19	11	30	18	11	32	18	12
Bachelor's degree or greater	23	22	21	23	23	22	27	23	27
Poverty status[f]									
Below 100% poverty	20	28	41	17	25	39	14	20	27
100% poverty and above	80	72	59	83	75	61	—	—	—
100–199% poverty	—	—	—	—	—	—	20	29	33
200% poverty and above	—	—	—	—	—	—	66	51	40
Area of residence									
Central city of MSA[g]	27	43	48	26	43	49	26	41	42
Outside central city, in MSA[g]	48	51	47	51	50	45	54	52	51
Outside metropolitan area	25	6	6	22	7	6	21	7	7
Presence of parents									
Two married parents present[h]	70	82	78	69	82	78	69	81	81
Living with mother only	26	16	19	26	15	20	26	16	16
Living with father only	4	2	3	5	3	3	5	3	4
Presence of adults other than parents									
Other relatives only	17	25	36	17	26	29	17	26	31
Nonrelatives only	5	5	5	6	4	4	6	5	5
Both relatives and nonrelatives	1	1	3	1	1	2	1	2	3
No other relatives or nonrelatives	78	68	56	77	68	65	77	68	61

See notes at end of table.

Table FAM4 (cont.)

Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents,[a] parent's education, poverty status, and other characteristics, selected years 1994–2012[b]

Characteristic	2006			2010			2012		
	Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent	
		Native child	Foreign-born child		Native child	Foreign-born child		Native child	Foreign-born child
Number of children ages 0–17 living with one or both parents (in thousands)	54,976	12,706	2,599	54,613	14,640	2,424	53,318	15,628	2,236
Percent of all children[c]	75	17	4	73	20	3	72	21	3
Gender of child									
Male	51	52	52	51	51	49	51	51	51
Female	49	49	49	49	49	51	49	49	49
Age of child									
Age < 1	6	7	1	6	7	1	5	6	1
Ages 1–2	11	15	4	11	14	4	11	13	3
Ages 3–5	16	19	10	17	20	10	17	19	8
Ages 6–8	16	16	15	17	19	13	16	18	14
Ages 9–11	16	16	20	16	15	19	17	17	18
Ages 12–14	17	15	22	16	14	25	17	14	27
Ages 15–17	18	12	28	17	12	29	17	14	30
Race and Hispanic origin of child[d]									
White-alone	79	72	68	78	71	60	76	69	56
White-alone, non-Hispanic	70	18	16	68	17	13	66	17	15
White-alone or in combination with one or more races	82	75	69	82	74	60	81	74	58
Black-alone	16	9	10	16	10	13	16	9	15
Black-alone or in combination with one or more races	18	9	11	18	11	13	19	11	16
Asian-alone	1	15	19	1	14	26	1	15	26
Asian-alone or in combination with one or more races	1	17	19	2	16	26	2	18	26
Hispanic	10	57	55	12	59	50	13	58	47
All remaining single races and all race combinations	4	5	3	5	5	2	6	7	3
Education of parent[e]									
Less than high school	10	33	39	6	26	32	6	24	29
High school graduate	30	24	24	23	24	21	22	25	20
Some college or associate's degree	32	19	11	33	20	14	32	19	12
Bachelor's degree or greater	29	25	27	38	31	34	40	33	39

See notes at end of table.

Table FAM4 (cont.)

Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents,[a] parent's education, poverty status, and other characteristics, selected years 1994–2012[b]

Characteristic	2006			2010			2012		
	Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent	
		Native child	Foreign-born child		Native child	Foreign-born child		Native child	Foreign-born child
Poverty status[f]									
Below 100% poverty	15	20	30	18	26	33	19	27	33
100–199% poverty	19	28	31	19	27	30	20	28	29
200% poverty and above	65	52	39	63	47	37	61	45	39
Presence of parents									
Two parents present[h]	68	82	80	69	83	79	67	82	79
Living with mother only	27	15	16	27	16	19	28	16	18
Living with father only	5	3	3	4	2	2	5	2	3
Presence of adults other than parents									
Other relatives only	17	25	31	20	28	34	20	28	32
Nonrelatives only	6	4	3	4	3	4	5	4	3
Both relatives and nonrelatives	1	2	1	1	2	2	1	2	2
No other relatives or nonrelatives	75	70	64	75	67	60	74	67	64

— Not available.

[a] Native parents means that all of the parents that the child lives with are native-born, while foreign-born means that at least one of the child's parents is foreign-born. Anyone with U.S. citizenship at birth is considered native, which includes persons born in the United States and in U.S. outlying areas, and persons born abroad with at least one American parent.

[b] Beginning with March 2001, data are from the Expanded Current Population Survey Sample and use population controls based on Census 2000.

[c] In 2012, all children total 73,817,000. The estimate excludes household residents under age 18 who were listed as family reference persons or spouses.

[d] From 1994 to 2002, following the 1977 Office of Management and Budget (OMB) standards for collecting and presenting data on race, the Current Population Survey (CPS) asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The Census Bureau also offered an "Other" category. Beginning in 2003, following the 1997 OMB standards for collecting and presenting data on race, the CPS asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Prior to 2004, "Asian" refers to Asians and Pacific Islanders; beginning in 2004, "Asian" refers to Asians alone. Data from 2004 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[e] Prior to 2007, this category reflected the education of the parent identified by the parent pointer. Beginning in 2007, it shows the education of the parent with the highest educational attainment if the child lives with two parents.

[f] The poverty status groups are derived from the ratio of the family's income to the family's poverty threshold. Below 100 percent of poverty refers to children living below the poverty line, 100–199 percent of poverty refers to children living in low-income households, and 200 percent of poverty and above refers to children living in medium- and high-income households. See ECON1.B for the income levels.

[g] An MSA is a Metropolitan Statistical Area. The U.S. Office of Management and Budget (OMB) defines metropolitan areas (MAs) according to published standards that are applied to Census Bureau data. The 1990 standards provide that each newly qualifying MSA must include at least: (1) one city with 50,000 or more inhabitants, or (2) a Census Bureau-defined urbanized area (of at least 50,000 inhabitants) and a total metropolitan population of at least 100,000 (75,000 in New England). MSA information is discontinued for 2003 and later due to discontinuity in the metro definitions in the Current Population Survey.

[h] Prior to 2007, this category included only married parents. Beginning in 2007, all children with two parents are included, regardless of whether the parents are married. Prior to 2007, Current Population Survey (CPS) data identified only one parent on the child's record. This meant that a second parent could only be identified if they were married to the first parent. In 2007, a second parent identifier was added to the CPS. This permits identification of two coresident parents, even if the parents are not married to each other. In this table, "two parents" reflects all children who have both a mother and father identified in the household, including biological, step, and adoptive parents. Before 2007, "mother only" and "father only" included some children who lived with a parent who was living with the other parent of the child, but was not married to them. Beginning in 2007, "mother only" and "father only" refer to children for whom only one parent has been identified, whether biological, step, or adoptive.

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

Table FAM5

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English[a] by selected characteristics, selected years 1979–2011

	Current Population Survey					American Community Survey							
Characteristic	**1979**	**1989**	**1992**	**1995[b]**	**1999[b]**	**2000**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Children who speak another language at home													
Number (in thousands)	3,826	5,177	6,264	6,657	8,815	9,526	10,507	10,862	10,918	10,872	11,227	11,872	11,837
Language spoken[c] (in thousands)													
Spanish	2,529	3,550	4,314	5,037	6,339	6,533	7,530	7,805	7,872	7,781	8,067	8,456	8,470
Other Indo-European	622	727	505	514	433	1,535	1,462	1,458	1,479	1,513	1,487	1,568	1,557
Asian or Pacific Island languages	160	551	978	504	1,177	1,147	1,140	1,177	1,173	1,153	1,242	1,313	1,325
Other languages	515	349	467	602	865	311	375	422	394	424	431	444	485
Ability to speak English (in thousands)													
Very well	2,576	3,369	4,104	4,226	6,185	6,640	7,701	8,095	8,170	8,191	8,592	9,078	9,244
Well	783	1,144	1,436	1,538	1,743	1,754	1,818	1,792	1,841	1,804	1,811	1,872	1,788
Not well	362	568	627	749	758	926	819	817	760	746	708	717	684
Not at all	105	96	97	143	130	206	169	158	147	130	115	116	121
Percentage of school-age children	8.5	12.3	13.2	14.1	16.7	18.1	19.9	20.3	20.5	20.5	21.1	21.9	22.0
Poverty status[d]													
Below 100% poverty	—	—	—	—	—	28.4	30.2	30.2	30.5	31.2	32.0	32.5	33.0
100% poverty and above	—	—	—	—	—	16.1	17.7	18.4	18.6	18.4	18.7	19.2	19.1
Nativity status[e]													
Native child and parents	—	—	—	—	—	5.0	5.0	5.1	4.9	5.0	5.1	5.4	5.5
Foreign-born parent	—	—	—	—	—	72.0	71.8	72.1	72.1	71.5	71.9	72.1	72.0
Native child	—	—	—	—	—	66.9	67.1	67.8	68.0	67.6	68.3	68.6	68.7
Foreign-born child	—	—	—	—	—	87.9	88.6	88.2	88.2	88.0	87.7	88.2	88.1
Family structure													
Two married parents	—	—	—	—	—	18.5	20.4	21.2	21.4	21.4	21.9	22.6	22.9
Mother only	—	—	—	—	—	15.8	17.9	18.0	18.2	18.4	19.3	20.1	20.4
Father only	—	—	—	—	—	19.3	21.1	20.9	20.7	21.1	21.8	22.5	21.6
No parent	—	—	—	—	—	20.1	20.4	20.1	19.7	19.1	18.9	19.9	19.2
Education of parent[f]													
Less than high school graduate	—	—	—	—	—	47.4	55.3	56.1	57.7	58.7	59.8	60.7	61.0
High school graduate	—	—	—	—	—	15.5	20.4	22.0	22.6	22.7	24.0	25.2	26.1
Some college	—	—	—	—	—	12.4	13.4	13.7	13.5	13.8	14.2	14.8	14.9
Bachelor's degree or higher	—	—	—	—	—	12.9	13.2	13.6	13.6	13.9	13.9	14.3	14.5

See notes at end of table.

Table FAM5 (cont.)

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English[a] by selected characteristics, selected years 1979–2011

	Current Population Survey					American Community Survey							
Characteristic	**1979**	**1989**	**1992**	**1995[b]**	**1999[b]**	**2000**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Children who speak another language at home—continued													
Race and Hispanic origin[g]													
White	8.7	12.0	12.6	13.3	16.4	—	—	—	—	—	—	—	—
White-alone	—	—	—	—	—	14.4	14.7	14.8	15.2	16.4	17.0	17.8	18.2
White, non-Hispanic	3.2	3.3	3.3	3.6	3.9	—	—	—	—	—	—	—	—
White-alone, non-Hispanic	—	—	—	—	—	5.7	5.6	5.7	5.7	5.8	5.7	5.6	5.8
Black	1.9	3.1	4.3	4.2	5.8	—	—	—	—	—	—	—	—
Black-alone	—	—	—	—	—	5.1	6.0	6.1	6.0	6.6	6.8	7.0	6.9
Black, non-Hispanic	1.3	2.3	3.7	3.0	4.5	—	—	—	—	—	—	—	—
Black-alone, non-Hispanic	—	—	—	—	—	4.4	5.3	5.5	5.3	5.6	5.7	6.0	5.9
American Indian or Alaskan Native	—	16.6	13.6	17.8	20.4	—	—	—	—	—	—	—	
American Indian or Alaska Native-alone	—	—	—	—	—	20.5	20.0	22.4	20.0	22.0	23.4	21.2	20.7
Asian or Pacific Islander	—	62.2	65.2	60.2	60.4	—	—	—	—	—	—	—	—
Asian-alone	—	—	—	—	—	67.1	64.0	63.6	63.7	63.2	63.5	62.8	62.6
Native Hawaiian or Other Pacific Islander-alone	—	—	—	—	—	29.8	29.8	32.9	34.7	29.7	29.6	29.3	34.7
Other	44.5	43.6	51.7	64.0	—	—	—	—	—	—	—	—	—
Some other race alone	—	—	—	—	—	75.4	74.5	74.8	74.6	75.3	76.0	75.8	75.4
Two or more races	—	—	—	—	—	17.6	14.4	14.3	14.0	13.5	14.0	16.0	15.5
Hispanic (of any race)	75.1	69.4	71.5	73.8	70.9	68.6	68.9	68.9	68.4	66.0	66.0	65.3	64.3
Region[h]													
Northeast	10.5	12.8	14.9	15.2	17.7	19.1	19.7	20.1	20.3	20.6	20.9	21.7	21.8
South	6.8	10.6	10.5	11.7	14.3	14.6	16.8	17.3	17.6	17.7	18.5	19.3	19.5
Midwest	3.7	4.7	5.3	5.9	7.5	9.5	10.8	11.1	11.4	11.4	11.8	12.3	12.7
West	17.0	23.6	25.3	26.4	28.8	31.0	33.0	33.6	33.6	33.1	33.6	34.4	34.4
Living in linguistically isolated household[i]													
Number (in thousands)	—	—	—	—	—	2,576	2,952	2,976	3,046	2,889	2,960	2,986	2,899
Percentage of school-age children	—	—	—	—	—	4.9	5.6	5.6	5.7	5.5	5.6	5.5	5.4

See notes at end of table.

Table FAM5 (cont.) **Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English[a] by selected characteristics, selected years 1979–2011**

	Current Population Survey					American Community Survey							
Characteristic	**1979**	**1989**	**1992**	**1995[b]**	**1999[b]**	**2000**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Children who speak another language at home and have difficulty speaking English													
Number (in thousands)	1,250	1,808	2,160	2,431	2,630	2,886	2,806	2,767	2,748	2,680	2,634	2,704	2,593
Percentage of school-age children	2.8	4.3	4.6	5.2	5.0	5.5	5.3	5.2	5.2	5.1	4.9	5.0	4.8
Language spoken[c]													
Spanish	2.1	3.1	3.3	4.3	4.3	4.0	4.0	3.9	3.9	3.8	3.6	3.6	3.5
Other Indo-European	0.2	0.4	0.2	0.2	0.2	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.5
Asian or Pacific Island languages	0.1	0.6	0.8	0.4	0.6	0.7	0.6	0.6	0.6	0.6	0.6	0.6	0.6
Other languages	0.4	0.2	0.3	0.3	0.5	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.2
Poverty status[d]													
Below 100% poverty	—	—	—	—	—	11.3	10.2	9.8	9.7	10.0	9.7	9.3	9.2
100% poverty and above	—	—	—	—	—	4.3	4.3	4.2	4.2	4.0	3.8	3.9	3.6
Nativity status[e]													
Native child and parents	—	—	—	—	—	1.3	1.1	1.0	1.0	1.0	1.0	1.0	0.7
Foreign-born parent	—	—	—	—	—	21.8	19.4	18.7	18.4	17.8	17.1	16.9	17.0
Native child	—	—	—	—	—	17.2	15.1	14.6	14.6	14.6	14.1	14.0	13.4
Foreign-born child	—	—	—	—	—	36.0	34.6	34.0	33.1	31.3	30.3	29.7	28.3
Family structure													
Two married parents	—	—	—	—	—	5.4	5.4	5.3	5.3	5.1	4.9	4.9	4.8
Mother only	—	—	—	—	—	4.3	4.2	4.0	4.0	4.1	4.4	4.5	4.4
Father only	—	—	—	—	—	6.8	6.6	6.3	6.1	6.6	6.0	6.1	5.8
No parent	—	—	—	—	—	8.6	7.5	7.0	7.0	6.5	6.4	6.5	5.6
Education of parent[f]													
Less than high school graduate	—	—	—	—	—	17.8	18.7	18.4	18.7	19.0	18.0	18.1	17.1
High school graduate	—	—	—	—	—	4.4	5.2	5.4	5.5	5.4	5.6	5.8	5.7
Some college	—	—	—	—	—	3.0	2.9	2.6	2.6	2.7	2.6	2.6	2.6
Bachelor's degree or higher	—	—	—	—	—	2.8	2.6	2.6	2.5	2.5	2.4	2.4	2.4
Race and Hispanic origin[g]													
White	2.8	4.2	4.3	4.9	5.2	—	—	—	—	—	—	—	—
White-alone	—	—	—	—	—	4.4	3.9	3.9	3.9	4.0	3.9	4.4	3.9
White, non-Hispanic	0.5	0.7	0.6	0.7	1.0	—	—	—	—	—	—	—	—
White-alone, non-Hispanic	—	—	—	—	—	1.3	1.3	1.2	1.2	1.2	1.1	1.1	1.1
Black	0.5	0.7	1.5	1.5	1.3	—	—	—	—	—	—	—	—
Black-alone	—	—	—	—	—	1.4	1.4	1.5	1.4	1.5	1.5	1.5	1.2
Black, non-Hispanic	0.3	0.5	1.2	0.9	1.0	—	—	—	—	—	—	—	—
Black-alone, non-Hispanic	—	—	—	—	—	1.2	1.3	1.3	1.2	1.2	1.3	1.3	1.2
American Indian or Alaskan Native	—	4.5	1.4	3.8	8.2	—	—	—	—	—	—	—	
American Indian or Alaska Native-alone	—	—	—	—	—	4.6	4.1	4.0	4.2	5.3	5.4	4.8	3.9
Asian or Pacific Islander	—	24.5	25.0	19.4	13.9	—	—	—	—	—	—	—	—
Asian-alone	—	—	—	—	—	19.8	17.2	16.5	16.4	16.1	15.8	15.5	15.5
Native Hawaiian or Other Pacific Islander-alone	—	—	—	—	—	10.3	7.3	6.9	6.9	6.2	7.4	5.2	7.7
Other	19.5	9.0	18.1	27.1	—	—	—	—	—	—	—	—	—
Some other race alone	—	—	—	—	—	24.7	20.7	18.9	18.7	19.1	18.4	17.7	16.6
Two or more races	—	—	—	—	—	4.2	2.6	2.7	2.6	2.4	2.7	2.9	2.8
Hispanic (of any race)	28.7	26.7	27.9	30.9	23.4	22.8	19.4	18.5	18.1	17.1	16.1	15.4	14.3

See notes at end of table.

Table FAM5 (cont.)

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English[a] by seected characteristics, selected years 1979–2011

	Current Population Survey					American Community Survey							
Characteristic	**1979**	**1989**	**1992**	**1995[b]**	**1999[b]**	**2000**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Children who speak another language at home and have difficulty speaking English—continued													
Region[h]													
Northeast	2.9	4.5	4.8	5.0	4.4	5.0	4.5	4.4	4.3	4.4	4.5	4.6	4.6
South	2.2	3.8	3.3	3.4	3.6	4.4	4.6	4.6	4.7	4.6	4.4	4.6	4.5
Midwest	1.1	1.2	1.5	2.3	2.0	2.8	3.1	3.0	3.0	2.9	2.9	2.9	3.0
West	6.5	8.6	9.8	11.4	10.5	10.0	8.9	8.6	8.5	8.1	8.0	7.8	7.2

— Not available.

[a] 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 were "Very well," "Well," "Not well," and "Not at all." All those 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 a sample of the children in the 1980s.

[b] Numbers from the Current Population Survey (CPS) in 1995 and after may reflect changes in the survey because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls to the 1990 Census-based estimates, with adjustments.

[c] In the 1979 CPS questionnaire, the language spoken at home variable had 10 specific categories: Chinese, Filipino, French, German, Greek, Italian, Polish, Portuguese, Spanish, and Other. In the 1989 CPS questionnaire, the language spoken at home variable had 34 specific categories. In the 1992 to 1999 CPS questionnaires, the language spoken at home variable had 4 categories: Spanish, Asian, Other European, and Other. In the American Community Survey (ACS), respondents are asked the question, and their response is recorded in an open-ended format.

[d] Limited to the population for whom poverty status is determined.

[e] Native parents means that all of the parents that the child lives with are native-born, while foreign-born means that at least one of the child's parents is foreign-born. Anyone with U.S. citizenship at birth is considered native, which includes persons born in the United States and in U.S. outlying areas, and persons born abroad with at least one American parent.

[f] Highest level of educational attainment is shown for either parent.

[g] From 1979 to 1999, following the 1977 Office of Management and Budget (OMB) standards for collecting and presenting data on race, the CPS asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The Census Bureau also offered an "Other" category. Beginning in 2000, following the 1997 OMB standards for collecting and presenting data on race, the ACS asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or Other Pacific Islander. In addition, a "Some other race" category was included with OMB approval. Those who chose more than one race were classified as "Two or more races." Except for those who were "Two or more races," all race groups discussed in this table from 2000 onward refer to people who indicated only one racial identity within the racial categories presented. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Prior to 2000, "Asian" refers to Asians and Pacific Islanders; beginning in 2000, "Asian" refers to Asians alone. Data from 2000 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[h] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

[i] 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."

NOTE: All nonresponses to the CPS language questions are excluded from the tabulations, except in 1999. In 1999, imputations were instituted for nonresponse on the language items.

SOURCE: U.S. Census Bureau, October (1992, 1995, and 1999) and November (1979 and 1989) Current Population Surveys, and 2000–2010 American Community Survey.

Table FAM6 Adolescent births: Birth rates by mother's age and race and Hispanic origin,[a] selected years 1980–2011

(Live births per 1,000 females in specified age group)

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
All races												
Ages 10–14	1.1	1.2	1.4	1.3	0.9	0.6	0.6	0.6	0.6	0.5	0.4	0.4
Ages 15–17	32.5	31.0	37.5	35.5	26.9	21.1	21.6	21.7	21.1	19.6	17.3	15.4
Ages 18–19	82.1	79.6	88.6	87.7	78.1	68.4	71.2	71.7	68.2	64.0	58.2	54.1
Ages 15–19	53.0	51.0	59.9	56.0	47.7	39.7	41.1	41.5	40.2	37.9	34.2	31.3
White, total												
Ages 10–14	0.6	0.6	0.7	0.8	0.6	0.5	0.5	0.5	0.4	0.4	0.3	—
Ages 15–17	25.5	24.4	29.5	29.6	23.3	18.8	19.2	19.5	19.1	17.8	15.8	—
Ages 18–19	73.2	70.4	78.0	80.2	72.3	64.0	66.7	67.2	64.0	60.2	54.8	—
Ages 15–19	45.4	43.3	50.8	49.5	43.2	36.7	37.9	38.4	37.3	35.3	31.9	—
White, non-Hispanic												
Ages 10–14	0.4	—	0.5	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Ages 15–17	22.4	—	23.2	22.0	15.8	11.5	11.8	11.9	11.6	11.0	10.0	9.0
Ages 18–19	67.7	—	66.6	66.2	57.5	48.0	49.4	50.4	48.6	46.2	42.5	40.0
Ages 15–19	41.2	—	42.5	39.3	32.6	26.0	26.7	27.2	26.7	25.7	23.5	21.8
Black, total												
Ages 10–14	4.3	4.5	4.9	4.1	2.3	1.6	1.5	1.4	1.3	1.1	1.0	—
Ages 15–17	72.5	69.3	82.3	68.5	49.0	34.5	35.3	34.6	33.5	30.9	27.3	—
Ages 18–19	135.1	132.4	152.9	135.0	118.8	101.1	105.5	105.2	99.5	92.9	84.8	—
Ages 15–19	97.8	95.4	112.8	94.4	77.4	60.1	62.2	62.0	60.1	56.4	51.1	—
Black, non-Hispanic												
Ages 10–14	4.6	—	5.0	4.2	2.4	1.6	1.5	1.4	1.4	1.1	1.0	0.9
Ages 15–17	77.2	—	84.9	70.4	50.1	34.1	35.2	34.6	33.6	31.0	27.4	24.6
Ages 18–19	146.5	—	157.5	139.2	121.9	100.2	105.0	105.2	100.0	93.5	85.6	78.9
Ages 15–19	105.1	—	116.2	97.2	79.2	59.4	61.9	62.0	60.4	56.7	51.5	47.4
American Indian or Alaskan Native												
Ages 10–14	1.9	1.7	1.6	1.6	1.1	0.8	0.7	0.7	0.7	0.6	0.5	0.5
Ages 15–17	51.5	47.7	48.5	44.6	34.1	26.3	26.0	26.2	25.9	23.7	20.1	18.3
Ages 18–19	129.5	124.1	129.3	122.2	97.1	78.1	81.0	86.4	80.4	73.6	66.1	61.7
Ages 15–19	82.2	79.2	81.1	72.9	58.3	46.0	47.0	49.4	47.4	43.8	38.7	36.2
Asian or Pacific Islander												
Ages 10–14	0.3	0.4	0.7	0.7	0.3	0.2	0.1	0.2	0.2	0.1	0.1	0.1
Ages 15–17	12.0	12.5	16.0	15.6	11.6	7.7	8.2	7.4	7.0	6.3	5.1	4.6
Ages 18–19	46.2	40.8	40.2	40.1	32.6	26.4	25.4	24.9	22.9	20.9	18.7	18.2
Ages 15–19	26.2	23.8	26.4	25.5	20.5	15.4	15.3	14.8	13.8	12.6	10.9	10.2

See notes at end of table.

Table FAM6 (cont.) **Adolescent births: Birth rates by mother's age and race and Hispanic origin,[a] selected years 1980–2011**

(Live births per 1,000 females in specified age group)

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
Hispanic[b]												
Ages 10–14	1.7	—	2.4	2.6	1.7	1.3	1.2	1.2	1.1	1.0	0.8	0.7
Ages 15–17	52.1	—	65.9	68.3	55.5	45.8	45.1	44.4	42.2	37.3	32.3	27.9
Ages 18–19	126.9	—	147.7	145.4	132.6	124.4	128.7	124.7	114.0	103.3	90.7	81.2
Ages 15–19	82.2	—	100.3	99.3	87.3	76.5	77.4	75.3	70.3	63.6	55.7	49.4

— Not available.

[a] The 1977 Office of Management and Budget (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. CA, HI, OH (for December only), PA, UT, and WA reported multiple-race data in 2003, following the revised 1997 OMB standards. In 2004, the following states began to report multiple-race data: FL, ID, KY, MI, MN, NH, NY State (excluding New York City), SC, and TN. Multiple-race data were reported by 19 states in 2005: FL, ID, KS, KY, NE, NH, NY State (excluding New York City), PA, SC, TN, TX, VT (beginning July 1), WA, CA, HI, MI (for births at selected facilities only), MN, OH, and UT. In 2006, 23 states reported multiple-race data: CA, DE, FL, ID, KS, KY, NE, NH, NY State (excluding New York City), ND, OH, PA, SC, SD, TN, TX, VT, WA, WY, HI, MI (for births at selected facilities only), MN, and UT. In 2007, 27 states reported multiple-race data: CA, CO, DE, FL, GA (partial year only), ID, IN, IA, KS, KY, MI (for births at most facilities), NE, NH, NY State (excluding New York City), ND, OH, PA, SC, SD, TN, TX, VT, WA, WY, HI, MN, and UT. In 2008, 30 states reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IN, IA, KS, KY, MI, MN, MT, NE, NH, NM, NY, ND, OH, OR, PA, SC, SD, TN, TX, UT, VT, WA, and WY. In 2009, 32 states and the District of Columbia (partial year only) reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IN, IA, KS, KY, MI, MN, MT, NE, NH, NM, NV (partial year only), NY, ND, OH, OK (partial year only), OR, PA, SC, SD, TN, TX, UT, VT, WA, and WY. In 2010, 38 states and the District of Columbia reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MD, MI, MN, MO, MT, NE, NH, NM, NV, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, and WY. In 2011, 40 states and the District of Columbia reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA (partial year), MD, MI, MN, MO, MT, NE, NH, NM, NV, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WI, and WY. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. Note that data on race and Hispanic origin are collected and reported separately.

[b] Persons of Hispanic origin may be of any race. Trends for Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate, as well as 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 1983–1987, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991–1992, and 50 and DC in 1993. Rates in 1981–1988 were not calculated for Hispanics, Black, non-Hispanics, and White, non-Hispanics because estimates for these populations were not available. Recent declines in teenage birth rates parallel but outpace the reductions in birth rates for unmarried teenagers (FAM2.A). Birth rates for married teenagers fell sharply between 1990 and 2004, but relatively few teenagers are married.

NOTE: Data for 2011 are preliminary. Data for 2001–2009 have been revised since previous publication in *America's Children.* The revised rates use intercensal population estimates based on the 2000 and 2010 Censuses to provide more accurate rates for the period.

SOURCE: National Center for Health Statistics, National Vital Statistics System. Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2012). Births: Preliminary data for 2011. *National Vital Statistics Reports, 61*(5). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Ventura, S.J., Osterman, M.J.K., Wilson, E.C., and Mathews, T.J. (2012). Births: Final data for 2010. *National Vital Statistics Reports, 61(*1). Hyattsville, MD: National Center for Health Statistics.

Table FAM7.A Child maltreatment: Rate of substantiated maltreatment reports of children ages 0–17 by selected characteristics, selected years 1998–2011

(Substantiated maltreatment reports per 1,000 children ages 0–17)

Characteristic	1998	2000	2002	2003	2004	2005	2006	2007[a]	2008[a]	2009[a]	2010[a]	2011[a]
Total	12.9	12.2	12.3	12.2	12.0	12.1	12.1	10.6	10.3	10.1	10.0	9.9
Gender												
Male	—	11.4	11.5	11.5	11.3	11.3	11.4	10.0	9.7	9.5	9.5	9.4
Female	—	12.9	13.0	12.9	12.7	12.7	12.7	11.2	10.8	10.6	10.5	10.4
Race and Hispanic origin[b]												
White, non-Hispanic	—	10.7	10.9	11.0	10.9	10.8	10.7	9.1	8.6	8.5	8.5	8.6
Black, non-Hispanic	—	21.5	20.8	20.7	20.1	19.5	19.8	16.7	16.6	16.1	15.6	15.4
American Indian or Alaska Native	—	20.5	21.8	21.5	16.5	16.5	15.9	14.1	13.9	12.8	12.0	12.4
Asian	—	2.0	3.2	3.0	2.9	2.5	2.5	2.4	2.4	2.1	2.0	1.7
Native Hawaiian or Other Pacific Islander	—	21.7	18.6	18.6	18.0	16.1	14.3	13.6	11.6	11.6	11.4	8.8
Two or more races	—	12.3	13.0	12.9	14.5	15.0	15.4	14.0	13.8	12.1	13.0	10.5
Hispanic	—	10.2	8.2	10.2	10.1	10.7	10.8	10.3	9.8	9.3	9.5	9.2
Age												
Ages 0–3	—	15.7	16.1	16.1	16.0	16.5	16.8	15.0	14.7	14.6	14.7	15.5
Age <1	—	—	21.6	21.7	22.0	23.4	23.9	22.0	21.7	21.3	21.4	22.6
Ages 1–3	—	—	14.2	14.2	13.9	14.1	14.2	12.6	12.3	12.4	12.5	13.1
Ages 4–7	—	13.4	13.6	13.7	13.5	13.5	13.5	11.6	11.0	10.7	10.6	10.8
Ages 8–11	—	11.8	11.9	11.6	11.1	10.9	10.8	9.4	9.2	8.8	8.7	8.3
Ages 12–15	—	10.4	10.7	10.6	10.3	10.2	10.2	8.7	8.4	8.2	7.9	7.5
Ages 16–17	—	5.8	6.0	6.0	6.1	6.2	6.3	5.4	5.5	5.6	5.4	5.1

— Not available.

[a] Data since 2007 are not directly comparable with prior years as differences may be partially attributed to changes in one state's procedures for determination of maltreatment.

[b] The revised 1997 Office of Management and Budget (OMB) standards were used for race and Hispanic origin, where respondents could choose one or more of five racial groups: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, or American Indian or Alaska Native. Those reporting more than one race were classified as "Two or more races." In addition, data on race and Hispanic origin are collected separately, but are combined for reporting. Persons of Hispanic origin may be of any race.

NOTE: The count of child victims is based on the number of investigations or assessments by Child Protective Services that found the child to be a victim of one or more types of maltreatment. The count of victims is, therefore, a report-based count and is a "duplicated count," because an individual child may have been maltreated more than once. Substantiated maltreatment includes the dispositions of substantiated, indicated, or alternative response victim. Rates are based on the number of states submitting data to the National Child Abuse and Neglect Data System (NCANDS) each year; states include the District of Columbia and Puerto Rico. Not all states report in all years. Rates from 1998 to 1999 are based on aggregated data submitted by states; rates from 2000 to present are based on case-level data submitted by the states. The reporting year changed in 2003 from the calendar year to the Federal fiscal year. Additional technical notes are available in the annual reports entitled *Child Maltreatment.* These reports are available on the Internet at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

SOURCE: Administration for Children and Families, National Child Abuse and Neglect Data System.

Table FAM7.B

Child maltreatment: Percentage of substantiated maltreatment reports of children ages 0–17 by maltreatment type and age, 2011

Characteristic	Physical abuse	Neglect	Medical neglect	Sexual abuse	Psychological abuse	Other abuse	Unknown
Overall	16.3	72.8	2.1	8.4	8.3	9.5	0.2
Age							
Ages 0–3	14.0	80.9	2.5	1.5	6.8	10.6	0.2
Age <1	18.2	80.3	3.0	0.4	5.4	10.6	0.1
Ages 1–3	11.7	81.3	2.1	2.2	7.7	10.6	0.2
Ages 4–7	15.3	74.0	1.6	7.4	8.7	9.5	0.2
Ages 8–11	16.8	69.4	1.8	10.9	9.7	9.3	0.3
Ages 12–15	19.7	62.5	2.1	17.8	9.4	8.2	0.3
Ages 16–17	21.2	62.9	2.3	16.9	8.3	8.4	0.4
Unknown or missing	24.8	59.3	0.9	12.2	7.7	6.2	1.4

NOTE: Based on data from 51 states. States that report aggregate-only data are not included in this analysis. The count of child victims is based on the number of investigations and assessments by Child Protective Services that found the child to be a victim of one or more types of maltreatment. The count of victims is, therefore, a report-based count and is a "duplicated count," because an individual child may have been maltreated more than once. Substantiated maltreatment includes the dispositions of substantiated, indicated, or alternative response victim. States vary in their definition of abuse and neglect. Rows total to more than 100 percent because a single child may be the victim of multiple kinds of maltreatment. The category of unknown includes missing data and children older than 17 years.

SOURCE: Administration for Children and Families, National Child Abuse and Neglect Data System.

Table ECON1.A **Child poverty: Percentage of all children ages 0–17 living below selected poverty levels by selected characteristics, selected years 1980–2011**

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
Below 100% poverty												
Total	18.3	20.7	20.6	20.8	16.2	17.6	17.4	18.0	19.0	20.7	22.0	21.9
Gender												
Male	18.1	20.3	20.5	20.4	16.0	17.4	17.2	17.9	18.8	20.4	22.2	21.6
Female	18.6	21.1	20.8	21.2	16.3	17.8	17.6	18.1	19.2	21.0	21.9	22.2
Age												
Ages 0–5	20.7	23.0	23.6	24.1	18.3	20.2	20.3	21.1	21.7	24.3	25.8	25.0
Ages 6–17	17.3	19.5	19.0	19.1	15.2	16.3	16.0	16.5	17.6	18.9	20.2	20.4
Race and Hispanic origin[a]												
White, non-Hispanic	11.8	12.8	12.3	11.2	9.1	10.0	10.0	10.1	10.6	11.9	12.3	12.5
Black, non-Hispanic	42.3	43.3	44.5	41.5	31.0	34.5	33.3	34.4	34.7	35.7	39.1	38.8
Hispanic	33.2	40.3	38.4	40.0	28.4	28.3	26.9	28.6	30.6	33.1	34.9	34.1
Region[b]												
Northeast	16.3	18.5	18.4	19.0	14.5	15.5	15.7	16.1	16.6	18.0	18.5	18.8
South	22.5	22.8	23.8	23.5	18.4	19.7	19.4	20.8	20.5	22.4	24.3	23.4
Midwest	16.3	20.7	18.8	16.9	13.1	15.9	16.3	16.6	18.7	19.6	20.5	20.8
West	16.1	19.3	19.8	22.1	16.9	17.5	16.6	16.3	18.6	21.0	22.2	22.5
Children in married-couple families, total	10.1	11.4	10.3	10.0	8.0	8.5	8.2	8.6	9.9	11.1	11.6	11.0
Ages 0–5	11.6	12.9	11.7	11.1	8.7	9.9	9.5	9.6	11.1	13.4	13.4	12.2
Ages 6–17	9.4	10.5	9.5	9.4	7.7	7.7	7.5	8.1	9.3	9.8	10.7	10.4
White, non-Hispanic	7.5	8.2	6.9	6.0	4.7	4.5	4.3	4.8	5.3	6.1	6.4	6.1
Black, non-Hispanic	19.7	17.2	17.8	12.0	8.5	12.4	11.8	11.0	11.0	14.5	16.0	15.6
Hispanic	23.0	27.2	26.6	28.4	20.8	20.1	18.5	19.4	22.2	24.0	25.1	23.3
Children in female-householder families, no husband present, total	51.4	54.1	54.2	50.7	40.5	43.1	42.4	43.0	43.9	45.1	47.1	48.0
Ages 0–5	65.4	65.7	65.9	61.9	50.7	52.9	53.0	54.0	54.0	54.8	58.7	57.7
Ages 6–17	46.2	49.1	48.4	45.2	36.3	38.9	37.7	37.9	39.1	40.5	41.9	43.5
White, non-Hispanic	38.6	39.1	41.4	34.9	29.3	33.8	33.6	32.9	33.1	35.1	36.0	36.5
Black, non-Hispanic	64.9	66.7	65.1	61.5	48.9	50.2	49.9	49.8	51.8	51.1	52.6	54.2
Hispanic	64.8	73.0	68.9	66.0	50.5	51.0	47.5	51.8	52.1	52.9	56.8	57.2
Below 50% poverty												
Total	6.9	8.6	8.8	8.5	6.7	7.7	7.5	7.8	8.5	9.3	9.9	9.8
Gender												
Male	6.9	8.6	8.8	8.4	6.6	7.3	7.5	7.8	8.4	9.0	10.0	9.7
Female	6.9	8.6	8.8	8.5	6.8	8.1	7.5	7.8	8.6	9.5	9.8	10.0
Age												
Ages 0–5	8.3	10.0	10.7	10.8	8.1	9.1	9.4	9.8	10.4	11.3	12.0	12.2
Ages 6–17	6.2	7.8	7.8	7.2	6.0	7.0	6.5	6.8	7.5	8.2	8.9	8.7
Race and Hispanic origin[a]												
White, non-Hispanic	4.3	5.0	5.0	3.9	3.7	4.1	4.3	4.3	4.5	5.0	5.1	5.6
Black, non-Hispanic	17.7	22.1	22.7	20.5	14.9	17.3	16.0	17.1	17.6	17.8	20.1	19.0
Hispanic	10.8	14.1	14.2	16.3	10.2	11.5	10.3	11.0	12.5	14.1	15.0	14.5
Region[b]												
Northeast	4.7	6.5	7.6	8.6	6.4	7.5	6.4	7.4	7.7	8.2	8.9	8.7
South	9.7	10.9	11.3	10.1	7.9	9.0	8.5	8.9	9.8	9.8	10.5	10.8
Midwest	6.3	9.5	8.9	6.6	5.5	6.5	7.3	7.4	8.4	9.7	9.8	10.0
West	5.1	5.6	6.1	7.8	6.2	7.0	6.8	6.7	7.1	8.8	9.8	8.9

See notes at end of table.

Table ECON1.A (cont.) **Child poverty: Percentage of all children ages 0–17 living below selected poverty levels by selected characteristics, selected years 1980–2011**

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
Below 50% poverty—continued												
Children in married-couple families, total	3.1	3.5	2.7	2.6	2.2	2.4	2.2	2.6	3.2	3.6	3.5	3.3
Ages 0–5	3.7	4.0	3.2	2.9	2.2	2.8	2.8	2.8	3.7	4.4	4.1	3.7
Ages 6–17	2.8	3.1	2.4	2.5	2.2	2.2	1.9	2.5	2.9	3.2	3.2	3.1
White, non-Hispanic	2.5	2.6	2.0	1.5	1.5	1.2	1.2	1.4	1.8	1.8	1.8	2.0
Black, non-Hispanic	4.2	5.2	3.9	2.5	2.9	4.5	2.8	4.3	4.4	5.7	5.7	5.1
Hispanic	6.2	7.4	6.7	8.6	4.5	5.2	4.7	5.5	6.2	7.5	7.5	6.4
Children in female-householder families, no husband present, total	22.3	27.0	28.7	24.4	19.7	22.5	21.6	21.7	23.0	23.2	25.3	25.5
Ages 0–5	31.4	35.8	37.7	34.3	28.4	29.4	29.7	30.5	31.3	30.4	33.3	34.1
Ages 6–17	18.8	23.2	24.2	19.7	16.1	19.6	18.0	17.7	19.0	19.8	21.7	21.6
White, non-Hispanic	15.3	17.5	21.1	14.5	13.4	16.4	17.0	16.7	15.9	17.6	18.6	19.7
Black, non-Hispanic	31.0	38.0	37.1	32.6	23.9	26.5	26.1	25.6	27.0	26.1	28.2	28.1
Hispanic	24.7	31.1	33.1	33.1	26.0	29.1	23.4	25.2	28.8	28.0	31.5	31.1
Below 150% poverty												
Total	29.9	32.3	31.4	32.2	26.7	28.2	28.6	29.3	30.5	32.0	33.4	34.0
Gender												
Male	29.6	32.2	31.3	31.7	26.6	28.0	28.4	29.2	30.4	31.9	33.6	33.6
Female	30.3	32.3	31.6	32.7	26.8	28.3	28.8	29.5	30.6	32.2	33.3	34.3
Age												
Ages 0–5	33.2	35.6	34.6	35.5	29.3	31.5	32.2	33.2	34.0	36.2	37.1	37.4
Ages 6–17	28.4	30.5	29.7	30.5	25.4	26.5	26.8	27.4	28.8	29.9	31.6	32.3
Race and Hispanic origin[a]												
White, non-Hispanic	21.7	22.6	21.4	20.1	16.4	17.2	17.7	17.8	19.0	19.8	20.5	21.5
Black, non-Hispanic	57.3	59.5	57.8	56.5	45.4	48.7	47.7	48.6	50.6	51.0	54.0	52.0
Hispanic	52.7	57.8	56.0	59.4	47.3	45.9	45.9	47.8	47.7	50.0	51.7	52.4
Region[b]												
Northeast	27.0	28.1	26.7	28.8	23.4	24.9	24.6	26.0	26.0	27.3	27.5	29.2
South	35.8	36.7	36.0	35.8	29.5	31.2	31.6	32.8	33.6	34.2	36.9	36.0
Midwest	26.0	31.0	28.7	26.8	21.8	25.0	26.5	26.3	28.7	30.5	31.1	31.5
West	27.9	30.4	31.4	35.0	29.3	28.8	28.7	29.0	30.5	33.4	34.2	36.1
Children in married-couple families, total	20.6	22.2	20.1	20.0	16.2	17.0	17.2	17.5	18.9	20.2	21.0	21.3
Ages 0–5	23.7	25.7	22.2	21.3	17.8	19.8	19.7	19.6	21.3	23.6	23.3	23.2
Ages 6–17	19.1	20.3	18.8	19.2	15.5	15.6	15.9	16.4	17.6	18.3	19.8	20.3
White, non-Hispanic	16.5	17.1	14.7	13.4	10.0	10.0	10.3	10.3	11.7	12.1	12.9	13.1
Black, non-Hispanic	34.6	37.1	31.6	25.3	20.0	22.9	22.2	20.3	23.0	26.0	27.0	26.3
Hispanic	43.4	47.3	46.6	49.8	39.4	38.5	37.4	38.9	38.6	41.1	42.3	42.6
Children in female-householder families, no husband present, total	66.7	68.1	67.6	65.7	57.6	58.9	59.6	60.5	61.6	61.4	63.2	63.6
Ages 0–5	79.1	77.4	77.1	75.3	67.2	68.8	69.6	71.2	70.8	70.3	72.9	72.5
Ages 6–17	62.0	64.1	62.9	61.0	53.7	54.7	55.2	55.6	57.2	57.2	58.9	59.5
White, non-Hispanic	53.6	54.4	56.1	50.1	45.1	47.8	49.1	49.3	50.2	49.9	50.1	52.3
Black, non-Hispanic	79.9	79.6	77.4	76.2	66.1	66.9	67.4	67.7	69.8	68.1	70.4	69.4
Hispanic	80.7	84.8	80.8	81.7	70.3	67.4	67.3	70.0	70.4	69.8	72.9	73.6

See notes at end of table.

Table ECON1.A (cont.) **Child poverty: Percentage of all children ages 0–17 living below selected poverty levels by selected characteristics, selected years 1980–2011**

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
Below 200% poverty												
Total	42.3	43.5	42.4	43.3	37.5	38.9	39.0	39.2	40.6	42.2	43.7	44.3
Gender												
Male	42.3	43.2	42.5	43.1	37.5	38.6	38.8	39.1	40.4	41.9	43.7	44.1
Female	42.4	43.7	42.3	43.5	37.6	39.3	39.2	39.3	40.8	42.6	43.6	44.5
Age												
Ages 0–5	46.8	47.1	46.0	46.7	41.0	42.4	42.9	42.9	44.0	46.2	47.4	47.9
Ages 6–17	40.3	41.6	40.5	41.5	35.9	37.3	37.1	37.3	38.8	40.2	41.9	42.6
Race and Hispanic origin[a]												
White, non-Hispanic	33.8	33.6	32.3	30.5	25.5	26.2	26.3	26.2	27.3	28.7	29.1	30.4
Black, non-Hispanic	70.1	70.9	68.1	68.0	58.9	61.2	59.8	60.1	61.0	62.5	65.1	62.8
Hispanic	67.2	70.3	69.5	72.9	62.6	60.7	61.0	60.8	62.0	63.0	64.8	65.6
Region[b]												
Northeast	39.1	37.5	36.3	38.2	33.0	33.9	34.1	35.1	34.3	36.7	35.9	37.8
South	47.8	48.6	47.7	48.4	41.6	42.5	42.4	42.6	44.3	45.2	47.4	46.8
Midwest	39.1	42.5	39.6	36.9	31.2	35.3	35.9	36.4	38.4	40.2	41.2	42.0
West	40.5	41.7	42.7	46.1	40.5	40.5	40.1	39.4	41.1	43.3	45.5	46.8
Children in married-couple families, total	33.2	33.9	31.4	31.1	26.4	27.0	26.7	26.3	28.4	30.0	30.8	30.7
Ages 0–5	38.1	38.1	34.5	33.2	29.2	30.2	30.1	29.0	31.3	33.7	33.4	33.4
Ages 6–17	30.8	31.6	29.6	29.9	25.1	25.4	24.9	25.0	26.9	28.0	29.4	29.3
White, non-Hispanic	28.3	27.8	25.4	23.3	18.2	18.1	17.7	17.4	19.0	20.3	20.5	20.8
Black, non-Hispanic	50.9	52.5	44.7	38.3	35.3	35.3	34.1	32.3	34.1	38.6	40.4	36.0
Hispanic	60.5	62.8	62.1	66.0	55.5	54.1	53.3	52.2	54.4	55.1	56.0	56.3
Children in female-householder families, no husband present, total	78.2	77.4	77.6	76.4	69.7	71.2	71.7	72.1	72.3	72.5	73.9	75.5
Ages 0–5	87.9	84.5	85.4	84.3	78.6	80.2	80.3	80.7	79.3	79.4	82.4	82.4
Ages 6–17	74.5	74.4	73.7	72.5	66.0	67.4	67.9	68.2	69.0	69.3	70.1	72.3
White, non-Hispanic	67.8	66.6	68.0	62.6	57.1	60.2	61.6	61.5	61.3	60.9	62.0	65.3
Black, non-Hispanic	89.1	87.1	85.7	86.9	78.4	78.8	78.9	79.0	79.5	79.3	80.1	80.2
Hispanic	87.3	89.9	89.1	88.6	82.5	80.6	80.1	81.3	80.6	81.0	83.5	84.8

[a] From 1980 to 2002, following the 1977 Office of Management and Budget (OMB) standards for collecting and presenting data on race, the Current Population Survey (CPS) asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. An "Other" category was also offered. Beginning in 2003, the CPS allowed respondents to select one or more race categories. All race groups discussed in this table from 2002 onward refer to people who indicated only one racial identity within the categories presented. For this reason data from 2002 onward are not directly comparable with data from earlier years. People who reported only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[b] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

NOTE: Data for 2010 use the Census 2010-based population controls. Data for 2000 use Census 2000 population controls. Data for 2000 onward are from the expanded Current Population Survey (CPS) sample. 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 level. In 2011, the poverty threshold for a two-parent, two-child family was $22,811. The levels shown here are derived from the ratio of the family's income to the family's poverty threshold. For more detail, see U.S. Census Bureau, Series P–60, no. 243, http://www.census.gov/prod/2012pubs/p60-243.pdf.

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

Table ECON1.B

Income distribution: Percentage of children ages 0–17 by family income relative to the poverty line, selected years 1980–2011

Poverty level	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
Below 50% of poverty threshold	6.9	8.6	8.8	8.5	6.7	7.7	7.5	7.8	8.5	9.3	9.9	9.8
50–99% of poverty threshold	11.4	12.1	11.8	12.3	9.5	9.9	9.9	10.2	10.5	11.4	12.1	12.0
100–199% of poverty threshold	24.0	22.8	21.8	22.5	21.4	21.3	21.6	21.2	21.6	21.5	21.6	22.4
200–399% of poverty threshold	41.1	37.4	36.6	34.2	33.8	31.9	31.4	31.6	31.5	30.4	29.4	29.3
400–599% of poverty threshold	11.5	13.6	13.7	13.7	16.3	15.9	16.0	16.0	15.2	14.8	14.6	14.1
600% of poverty threshold and above	5.1	5.5	7.3	8.8	12.4	13.3	13.6	13.2	12.7	12.5	12.3	12.3

NOTE: Estimates refer to all children ages 0–17. The table shows income categories derived from the ratio of a family's income to the family's poverty threshold. In 2011, the poverty threshold for a family of four with two children was $22,811. For example, a family of four with two children would be living below 50 percent of the poverty threshold if their income was less than $11,406 (50 percent of $22,811). If the same family's income was at least $22,811 but less than $45,622 the family would be living at 100–199 percent of the poverty threshold. Data for 2010 used the Census 2010-based population controls. Data for 2000 use Census 2000 population controls. Data for 2000 onward are from the expanded Current Population Survey (CPS) sample.

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

Table ECON2 **Secure parental employment: Percentage of children ages 0–17 living with at least one parent employed year round, full time[a] by family structure, race and Hispanic origin, poverty status, and age, selected years 1980–2011**

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
All children living with parent(s)[b]												
Total	70	70	72	74	80	78	78	77	75	72	71	73
Race and Hispanic origin[c]												
White, non-Hispanic	75	77	79	81	85	84	83	82	81	79	79	79
Black, non-Hispanic	50	48	50	54	66	62	64	64	61	58	53	56
Hispanic	59	55	60	61	72	74	74	72	68	62	61	65
Poverty status												
Below 100% poverty	21	20	22	25	34	32	33	32	30	26	24	27
100% poverty and above	81	82	85	86	88	88	88	87	85	83	83	85
Age												
Ages 0–5	67	67	68	69	76	75	75	73	71	67	66	69
Ages 6–17	72	72	74	76	81	80	80	79	77	74	73	74
Children living in families maintained by two married parents												
Total	80	81	85	87	90	89	89	89	86	83	83	86
Race and Hispanic origin[c]												
White, non-Hispanic	81	83	86	89	92	91	91	90	89	87	87	88
Black, non-Hispanic	73	76	84	85	90	85	86	87	84	82	76	82
Hispanic	71	70	74	77	85	85	85	84	80	74	73	79
Poverty status												
Below 100% poverty	38	37	44	46	58	57	58	54	51	44	40	48
100% poverty and above	84	87	89	91	93	92	92	92	90	88	89	90
Age												
Ages 0–5	76	79	83	86	89	87	87	87	84	80	80	83
Ages 6–17	81	82	85	87	91	90	90	90	88	85	84	87
With both parents working year round, full time	17	20	25	28	33	31	32	32	31	29	28	29
Children living in families maintained by single mothers[d]												
Total	33	32	33	38	49	48	48	47	45	44	41	41
Race and Hispanic origin[c]												
White, non-Hispanic	39	39	40	46	53	52	51	49	48	47	46	45
Black, non-Hispanic	28	25	27	33	49	45	46	48	45	42	40	39
Hispanic	22	22	24	27	38	45	46	44	40	40	36	38
Poverty status												
Below 100% poverty	7	7	9	14	20	17	19	20	16	16	15	16
100% poverty and above	59	59	60	61	67	70	70	68	67	66	65	65
Age												
Ages 0–5	20	20	21	24	36	37	37	36	33	34	31	32
Ages 6–17	38	37	40	45	55	53	54	53	51	48	47	46

See notes at end of table.

Table ECON2 (cont.) **Secure parental employment: Percentage of children ages 0–17 living with at least one parent employed year round, full time[a] by family structure, race and Hispanic origin, poverty status, and age, selected years 1980–2011**

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
Children living in families maintained by single fathers[d]												
Total	57	60	64	67	69	71	67	66	61	54	55	62
Race and Hispanic origin[c]												
White, non-Hispanic	61	62	68	72	74	74	70	68	64	59	62	66
Black, non-Hispanic	41	59	53	64	52	65	64	62	56	48	41	58
Hispanic	53	53	59	58	68	67	64	61	56	47	52	60
Poverty status												
Below 100% poverty	15	23	21	24	21	32	26	28	22	17	18	24
100% poverty and above	68	69	74	79	79	80	78	76	71	67	69	74
Age												
Ages 0–5	48	57	58	54	65	66	61	61	56	46	50	60
Ages 6–17	59	62	67	74	70	73	70	69	63	58	58	63
[b] Total children living with parent(s) (in thousands)	60,683	61,264	63,351	68,090	69,126	70,292	71,229	71,285	71,256	71,697	71,732	71,210
Total living with relatives but not with parent(s) (in thousands)	1,954	1,379	1,455	2,160	2,212	2,419	2,017	2,256	2,356	2,389	2,352	2,148

[a] Year round, full time employment is defined as usually working full time (35 hours or more per week) for 50 to 52 weeks.

[c] For data from 1980 to 2002, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the totals, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2003, those in each racial category represent those reporting only one race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[d] Includes some families where both parents are present in the household, but living as unmarried partners.

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

Table ECON3

Food insecurity: Percentage of children ages 0–17 in food-insecure households by severity of food insecurity and selected characteristics, selected years 1995–2011

Characteristic	1995[a]	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
All children													
In food-insecure households[b]	19.4	16.9	17.6	18.1	18.2	19.0	16.9	17.2	16.9	22.5	23.2	21.6	22.4
In households with very low food security among children[c]	1.3	0.7	0.6	0.8	0.6	0.7	0.8	0.6	0.9	1.5	1.3	1.3	1.1
Poverty status													
Below 100% poverty													
In food-insecure households[b]	44.4	44.0	45.9	45.6	45.2	47.1	42.5	43.6	42.9	51.5	51.2	43.7	46.0
In households with very low food security among children[c]	3.4	2.2	2.6	2.4	2.0	2.5	2.9	2.1	3.0	4.3	4.2	3.3	3.0
100–199% poverty													
In food-insecure households[b]	25.4	23.4	27.1	28.4	29.6	28.0	26.4	26.7	27.5	33.7	34.5	32.3	31.7
In households with very low food security among children[c]	1.4	0.9	0.8	1.2	0.9	1.1	0.8	0.8	1.2	2.1	1.8	1.3	1.4
200% poverty and above													
In food-insecure households[b]	4.8	5.2	5.5	6.0	6.2	6.2	6.0	6.1	6.1	8.9	9.1	8.6	7.0
In households with very low food security among children[c]	0.2	0.2	0.1	0.1	0.1	0.1	0.3	0.1	0.2	0.3	0.2	0.5	0.2
Race and Hispanic origin[d]													
White, non-Hispanic													
In food-insecure households[b]	14.0	11.0	11.9	12.6	12.0	13.0	12.2	11.8	11.9	16.0	16.7	14.9	16.0
In households with very low food security among children[c]	0.8	0.4	0.2	0.4	0.2	0.4	0.5	0.3	0.5	0.6	0.7	0.5	0.6
Black, non-Hispanic													
In food-insecure households[b]	30.6	28.6	29.6	29.4	30.8	31.2	29.2	29.3	26.1	34.0	34.6	34.8	32.0
In households with very low food security among children[c]	2.3	1.0	1.4	1.3	1.0	1.3	1.9	1.5	1.8	3.2	2.3	2.6	2.2
Hispanic													
In food-insecure households[b]	33.9	29.2	28.6	29.2	30.8	29.6	23.7	26.0	26.7	33.9	34.9	32.5	34.5
In households with very low food security among children[c]	2.6	1.3	1.3	1.6	1.6	1.2	1.2	0.7	1.9	2.7	2.5	2.5	2.0
Region[e]													
Northeast													
In food-insecure households[b]	16.8	13.9	13.2	15.2	15.9	14.7	14.1	14.3	14.6	19.7	19.5	18.0	19.9
In households with very low food security among children[c]	0.8	0.3	0.8	0.7	0.5	0.5	1.0	0.5	0.7	1.3	1.8	0.9	0.9
South													
In food-insecure households[b]	20.5	17.9	19.9	20.2	19.3	20.2	18.0	19.3	18.3	24.3	25.1	22.9	23.7
In households with very low food security among children[c]	1.3	0.7	0.6	0.9	0.7	0.9	0.7	0.6	0.9	1.3	1.2	1.5	1.5
Midwest													
In food-insecure households[b]	16.2	14.2	14.0	15.8	16.5	17.6	15.8	16.5	15.4	21.1	21.7	20.0	18.5
In households with very low food security among children[c]	0.8	0.6	0.5	0.3	0.3	0.7	0.6	0.6	0.9	1.1	0.6	0.9	1.0
West													
In food-insecure households[b]	23.2	20.3	20.9	19.5	19.8	21.7	18.1	16.7	17.7	23.0	23.9	23.6	25.3
In households with very low food security among children[c]	2.1	1.2	0.7	1.1	0.6	0.8	1.1	0.6	1.2	2.1	1.9	1.6	0.9
Parental education													
Parent or guardian with highest education less than high school or GED													
In food-insecure households[b]	41.8	40.5	37.6	41.4	37.7	39.8	37.3	39.2	38.2	46.2	42.6	41.8	42.5
In households with very low food security among children[c]	3.0	2.0	1.1	1.8	1.4	1.2	1.4	2.3	2.4	2.8	3.2	3.2	2.8

See notes at end of table.

Table ECON3 (cont.) **Food insecurity: Percentage of children ages 0–17 in food-insecure households by severity of food insecurity and selected characteristics, selected years 1995–2011**

Characteristic	1995[a]	1999	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Parental education—continued													
Parent or guardian with highest education high school or GED													
In food-insecure households[b]	24.9	24.2	25.9	25.1	26.7	27.7	25.1	25.2	23.7	33.6	34.2	29.4	33.4
In households with very low food security among children[c]	1.2	0.7	1.1	1.2	0.8	1.3	0.9	0.8	1.6	2.6	2.0	1.8	1.3
Parent or guardian with highest education some college, including vocational/technical or associate's degree													
In food-insecure households[b]	18.9	15.6	17.5	18.8	19.2	20.7	18.3	19.3	18.7	25.6	27.0	26.6	25.9
In households with very low food security among children[c]	1.5	0.9	0.5	0.8	0.7	0.9	1.1	0.5	1.0	1.6	1.6	1.4	1.6
Parent or guardian with highest education bachelor's degree or higher													
In food-insecure households[b]	5.1	4.4	5.3	5.6	6.1	5.5	4.9	4.7	5.8	7.4	9.0	8.3	8.8
In households with very low food security among children[c]	0.4	0.2	0.2	0.2	0.1	0.1	0.3	0.1	0.1	0.3	0.3	0.5	0.3
Family structure													
Married-couple household													
In food-insecure households[b]	13.3	11.5	12.6	12.0	12.3	13.0	11.3	11.5	11.8	15.8	17.1	15.4	15.6
In households with very low food security among children[c]	0.8	0.4	0.3	0.4	0.2	0.5	0.5	0.2	0.6	0.8	0.9	0.9	0.8
Female-headed household, no spouse													
In food-insecure households[b]	38.6	33.4	33.5	35.5	34.5	35.8	32.8	33.3	31.8	39.9	38.4	36.9	39.6
In households with very low food security among children[c]	2.8	1.6	1.7	1.8	1.8	1.5	1.7	1.6	2.0	3.2	2.7	2.3	1.9
Male-headed household, no spouse													
In food-insecure households[b]	21.0	18.8	17.1	23.0	24.3	24.0	18.4	19.5	20.5	30.0	28.6	27.6	26.3
In households with very low food security among children[c]	1.1	0.8	0.9	1.1	0.7	1.0	0.7	0.6	0.6	2.0	1.0	—	—

— Not reported; fewer than 10 households in the survey with this characteristic had very low food security among children.

[a] Statistics for 1995 are not precisely comparable with those for more recent years, due to a change in the method of screening Current Population Survey (CPS) sample households into the food security questions. The effect on 1995 statistics (a slight downward bias) is perceptible only for the category "In food-insecure households." Statistics for 1996, 1997, 1998, and 2000 are omitted because they are not directly comparable with those for other years.

[b] Either adults or children or both were food insecure. At times they were unable to acquire adequate food for active, healthy living for all household members because they had insufficient money and other resources for food.

[c] In these households, eating patterns of one or more children were disrupted, and their food intake was reduced below a level considered adequate by their caregiver. Prior to 2006, the category "with very low food security among children" was labeled "food insecure with hunger among children." The United States Department of Agriculture (USDA) introduced the new label based on recommendations by the Committee on National Statistics.

[d] Race and Hispanic origin are those of the household reference person. From 1995 to 2002, the 1977 Office of Management and Budget (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. Beginning in 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, or Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." From 2003 onward, statistics for White, non-Hispanics and Black, non-Hispanics exclude persons who indicated "Two or more races." Statistics by race and ethnicity from 2003 onward are not directly comparable with statistics for earlier years, although examination of the size and food security prevalence rates of the multiple-race categories suggests that effects of the reclassification on food security prevalence statistics were small. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[e] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

NOTE: The food security measure is based on data collected annually in the Food Security Supplement to the CPS. The criteria for classifying households as food insecure reflect a consensus judgment of an expert working group on food security measurement. For detailed explanations, see Bickel, G., et al., revised 2000, *Guide to measuring household food security,* Food and Nutrition Service; and Coleman-Jensen, A., et al., 2012, *Household food security in the United States in 2011* (ERR-141), Economic Research Service.

SOURCE: U.S. Census Bureau, Current Population Survey Food Security Supplement; tabulated by Department of Agriculture, Economic Research Service and Food and Nutrition Service.

Table HC1

Health insurance coverage: Percentage of children ages 0–17 covered by health insurance at some time during the year[a] by type of health insurance and selected characteristics, selected years 1987–2011

Characteristic	1987	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
Any health insurance											
Total	87.1	87.0	86.2	89.3	89.7	88.8	89.4	90.5	90.3	90.2	90.6
Gender											
Male	87.1	86.9	86.3	89.3	89.5	88.4	89.5	90.3	90.3	90.3	90.7
Female	87.1	87.0	86.2	89.3	89.9	89.1	89.3	90.6	90.3	90.2	90.5
Age											
Ages 0–5	87.6	88.5	86.7	89.6	90.2	89.2	89.9	91.5	91.0	91.0	91.5
Ages 6–11	87.3	87.0	86.5	89.5	90.5	89.2	89.9	91.1	90.7	90.7	90.9
Ages 12–17	86.4	85.2	85.5	88.8	88.5	88.0	88.5	88.9	89.0	89.0	89.4
Race and Hispanic origin[b]											
White, non-Hispanic	90.3	90.0	89.5	93.5	—	—	—	—	—	—	—
White-alone, non-Hispanic	—	—	—	—	93.4	93.0	93.0	93.5	93.3	93.1	93.2
Black	83.1	85.4	84.7	88.1	—	—	—	—	—	—	—
Black-alone	—	—	—	—	89.1	86.5	88.7	89.8	88.8	88.9	89.8
Hispanic	71.5	71.6	73.2	76.1	79.2	78.7	80.2	83.3	83.6	83.7	84.9
Region[c]											
Northeast	92.4	92.0	89.4	93.1	93.2	91.8	92.4	93.3	93.5	92.5	93.3
South	82.1	82.9	82.9	86.7	87.6	85.7	85.8	88.1	87.7	88.2	89.1
Midwest	92.3	91.1	90.5	92.8	92.9	93.0	93.2	94.0	92.6	93.0	93.0
West	84.6	84.3	84.3	87.1	87.4	87.4	89.4	89.1	89.8	89.3	89.1
Private health insurance											
Total	73.6	71.1	66.1	71.2	66.3	65.2	64.6	63.6	60.5	59.6	59.4
Gender											
Male	73.4	71.1	66.4	71.1	66.2	65.1	64.9	63.7	60.8	59.4	59.8
Female	73.9	71.2	65.8	71.4	66.5	65.2	64.3	63.4	60.2	59.7	59.0
Age											
Ages 0–5	71.7	68.2	60.4	67.5	62.0	61.0	59.7	58.7	55.4	54.4	54.4
Ages 6–11	74.3	72.5	67.2	71.3	66.9	65.7	65.6	64.5	61.4	60.0	59.6
Ages 12–17	75.1	73.0	71.0	74.7	69.9	68.6	68.3	67.7	64.8	64.1	64.1
Race and Hispanic origin[b]											
White, non-Hispanic	83.2	80.8	78.0	82.0	—	—	—	—	—	—	—
White-alone, non-Hispanic	—	—	—	—	78.4	77.2	77.1	76.5	74.1	73.2	72.9
Black	49.2	48.5	43.9	55.7	—	—	—	—	—	—	—
Black-alone	—	—	—	—	49.4	49.7	48.6	46.9	43.1	41.5	43.2
Hispanic	47.9	44.9	38.3	46.8	42.9	41.8	40.9	40.9	37.3	38.0	38.1
Region[c]											
Northeast	79.4	76.7	71.2	75.3	72.0	70.9	70.1	68.4	66.5	66.0	66.7
South	68.1	66.4	61.0	67.5	61.9	60.3	58.9	59.2	56.4	54.6	55.4
Midwest	79.4	76.0	74.4	79.2	72.8	71.8	70.7	69.7	65.9	65.5	63.5
West	71.2	68.3	61.2	66.4	63.2	62.5	64.0	61.5	58.0	57.5	57.2

See notes at end of table.

Table HC1 (cont.) **Health insurance coverage: Percentage of children ages 0–17 covered by health insurance at some time during the year[a] by type of health insurance and selected characteristics, selected years 1987–2011**

Characteristic	1987	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
Public health insurance[d]											
Total	19.0	21.9	26.4	24.2	29.7	29.9	31.0	33.3	36.8	37.9	38.8
Gender											
Male	19.2	22.1	26.2	24.5	29.7	29.7	31.0	33.2	36.6	38.1	38.7
Female	18.8	21.7	26.6	23.8	29.7	30.1	31.0	33.4	37.0	37.7	38.9
Age											
Ages 0–5	22.1	27.6	32.6	28.7	34.8	34.8	36.4	39.5	42.6	43.8	44.7
Ages 6–11	18.6	20.0	25.6	24.3	29.9	29.5	30.5	33.0	36.4	38.0	38.9
Ages 12–17	16.1	17.5	20.5	19.6	24.8	25.5	26.3	27.4	31.1	32.1	33.0
Race and Hispanic origin[b]											
White, non-Hispanic	12.1	14.7	17.5	17.2	—	—	—	—	—	—	—
White-alone, non-Hispanic	—	—	—	—	21.2	22.1	22.0	23.1	26.2	27.4	28.2
Black	42.1	45.5	48.8	41.1	—	—	—	—	—	—	—
Black-alone	—	—	—	—	48.3	44.1	47.9	51.1	53.8	56.0	55.1
Hispanic	28.2	31.9	39.0	33.9	41.4	42.3	44.2	47.9	52.0	51.5	53.4
Region[c]											
Northeast	17.9	20.9	23.4	24.3	27.3	27.0	27.9	30.9	33.8	33.4	34.7
South	19.7	23.0	28.2	25.3	32.8	32.0	33.5	35.5	38.5	40.8	41.8
Midwest	18.2	20.0	22.7	19.1	25.9	27.5	29.3	31.0	33.9	35.5	36.9
West	19.9	23.2	29.8	26.9	30.1	30.8	30.9	33.6	38.8	38.6	38.5

— Not available.

[a] Children are considered to be covered by health insurance if they had public or private coverage at any time during the year. Some children are covered by both types of insurance; hence, the sum of public and private is greater than the total.

[b] From 1987 to 2002, following the 1977 Office of Management and Budget (OMB) standards for collecting and presenting data on race, the Current Population Survey (CPS) asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The Census Bureau also offered an "Other" category. Beginning in 2003, following the 1997 OMB standards for collecting and presenting data on race, the CPS asked respondents to choose one or more races from the following: White, Black, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All race groups discussed in this table from 2002 onward refer to people who indicated only one racial identity within the racial categories presented. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data from 2002 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[c] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

[d] Public health insurance for children consists mostly of Medicaid, but also includes Medicare, the Children's Health Insurance Programs (CHIP), and Tricare.

NOTE: The data from 1996 to 2009 have been revised since initially published. For more information, see user note at: http://www.census.gov/hhes/www/hlthins/data/revhlth/usernote.html and http://www.census.gov/hhes/www/hlthins/data/usernote/usernote.html. Estimates beginning in 1999 include follow-up questions to verify health insurance status and use the Census 2000-based weights. The data for 2010 have been revised since initially published as a result of implementation of Census 2010-based weights. Estimates beginning in 2010 include the use of the Census 2010-based weights.

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

Table HC2

Usual source of health care: Percentage of children ages 0–17 with no usual source of health care[a] by age, type of health insurance, and poverty status, selected years 1993–2011

Characteristic	1993[b]	1995[b]	2000	2001	2002	2003	2004	2005	2006[c]	2007[c]	2008[c]	2009[c]	2010[c]	2011[c]
Ages 0–17														
Total	8.0	6.5	7.0	5.8	6.1	5.4	5.4	5.3	5.6	6.0	5.7	5.5	5.4	4.0
Type of insurance														
Private insurance[d]	3.9	3.2	3.4	2.4	2.6	2.2	2.5	2.0	2.2	2.9	2.7	2.4	2.7	1.5
Public insurance[d,e]	10.8	6.8	4.8	5.4	5.6	4.4	4.7	3.8	4.1	4.6	4.3	4.5	4.3	3.1
No insurance	24.3	22.5	29.7	28.0	29.6	28.8	28.9	31.6	29.7	32.2	30.2	28.6	28.9	27.8
Poverty status[f]														
Below 100% poverty	15.7	10.9	12.4	12.3	11.0	10.3	10.9	8.6	8.6	9.6	8.2	8.9	7.7	5.9
100–199% poverty	9.1	8.6	10.9	8.6	9.0	7.9	7.6	7.8	8.4	8.9	10.0	6.7	8.3	5.9
200% poverty and above	3.8	3.6	4.0	2.9	3.6	2.9	3.0	3.4	3.3	3.7	3.2	3.7	3.3	2.4
Ages 0–5														
Total	5.5	4.4	4.6	4.1	4.6	3.5	3.3	3.3	3.9	3.5	4.1	4.6	3.6	2.5
Type of insurance														
Private insurance[d]	2.0	1.7	2.3	1.5	1.3	1.3	1.4	0.9	1.3	1.8	1.6	1.8	1.6	0.9
Public insurance[d,e]	7.6	5.1	3.2	4.4	3.6	3.0	3.6	2.9	3.3	2.7	3.7	4.1	3.3	2.3
No insurance	19.4	17.3	19.6	22.2	27.8	22.6	17.1	22.8	23.5	22.2	21.6	23.2	19.8	19.1
Poverty status[f]														
Below 100% poverty	11.2	7.9	6.9	8.4	8.1	6.2	6.4	5.0	6.1	4.9	7.0	7.8	5.5	3.2
100–199% poverty	6.2	6.0	7.9	6.5	7.4	5.8	4.0	4.4	5.9	5.3	5.6	4.5	5.0	3.6
200% poverty and above	1.8	1.9	2.6	1.8	2.3	1.5	1.8	2.2	2.0	2.0	2.3	3.0	2.0	1.6
Ages 6–17														
Total	9.4	7.5	8.1	6.6	6.8	6.3	6.5	6.3	6.4	7.3	6.5	6.0	6.4	4.8
Type of insurance														
Private insurance[d]	4.9	3.9	3.9	2.9	3.1	2.5	2.9	2.4	2.6	3.4	3.1	2.7	3.3	1.8
Public insurance[d,e]	13.8	8.4	6.0	6.0	6.9	5.4	5.5	4.4	4.6	5.9	4.7	4.7	5.0	3.8
No insurance	26.5	24.8	34.5	30.3	30.3	30.9	33.5	34.7	31.9	35.5	34.0	30.5	32.6	30.4
Poverty status[f]														
Below 100% poverty	18.7	12.8	15.6	14.4	12.6	12.6	13.5	10.8	10.1	12.8	9.0	9.6	9.1	7.8
100–199% poverty	10.8	10.0	12.5	9.7	9.8	9.1	9.4	9.4	9.7	10.9	12.4	7.8	10.2	7.0
200% poverty and above	4.8	4.4	4.6	3.4	4.2	3.5	3.5	3.9	3.9	4.4	3.5	4.0	3.9	2.7

[a] Excludes emergency rooms as a usual source of health care.

[b] In 1997, the National Health Interview Survey (NHIS) was redesigned. Data for 1997–2011 are not strictly comparable to prior years of data.

[c] In 2006, the NHIS underwent a sample redesign. The impact of the new sample design on estimates is expected to be minimal.

[d] Children with both public and private insurance coverage are placed in the private insurance category.

[e] As defined here, public health insurance for children consists mostly of Medicaid or other public assistance programs, including state plans. Beginning in 1999, the public health insurance category also includes the Children's Health Insurance Program (CHIP). It does not include children with only Medicare, Tricare, or CHAMAP-VA.

[f] Starting with *America's Children, 2008,* imputed family income was used for data years 1993 and beyond. Missing family income data were imputed for approximately 20 to 30 percent of children ages 0–17 in 1993–2011. Therefore, estimates by poverty for 1993–2006 may differ from those in previous editions.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table HC3.A

Immunization: Percentage of children ages 19–35 months vaccinated for selected diseases by poverty status[a] and race and Hispanic origin,[b] selected years 2005–2011

Characteristic	Total					Below 100% poverty					100% poverty and above				
	2005	2007	2009[c]	2010	2011	2005	2007	2009[c]	2010	2011	2005	2007	2009[c]	2010	2011
Total															
Combined series (4:3:1:3:3:1:4)[d]	—	—	63.6	70.2	68.5	—	—	60.7	67.2	63.6	—	—	64.8	71.6	71.6
Combined series (4:3:1:3:3:1)[e]	76.1	77.4	69.9	74.9	77.6	73.9	75.0	68.4	73.5	75.2	77.2	78.2	70.4	75.5	79.2
Combined series (4:3:1:3:3)[f]	80.8	80.1	71.9	76.8	—	77.4	76.9	69.5	75.0	—	82.5	81.4	72.7	77.7	—
Combined series (4:3:1:3)[g]	82.4	81.8	73.4	78.8	81.9	79.2	78.8	70.6	76.4	78.6	84.1	82.9	74.4	79.8	84.0
DTP (4 doses or more)[h]	85.7	84.5	83.9	84.4	84.6	81.8	81.1	80.1	80.8	81.0	87.4	85.9	85.7	86.1	86.8
Polio (3 doses or more)[i]	91.7	92.6	92.8	93.3	93.9	89.7	91.9	92.0	92.4	93.6	92.4	92.8	93.3	93.6	94.2
MMR (1 dose or more)[j]	91.5	92.3	90.0	91.5	91.6	89.3	91.3	88.8	91.3	91.3	92.1	92.6	90.6	91.4	
Hib (3 doses or more)[k]	93.9	92.6	83.6	90.4	94.0	91.9	91.0	82.0	88.1	92.7	94.6	93.1	84.3	91.4	95.3
Hepatitis B (3 doses or more)	92.9	92.7	92.4	91.8	91.1	91.4	92.1	92.3	91.5	91.8	93.5	92.9	92.7	92.0	91.2
Varicella (1 dose or more)[l]	87.9	90.0	89.6	90.4	90.8	87.3	89.2	89.0	89.6	90.2	87.7	90.1	90.2	90.6	90.9
PCV (3 doses or more)[m]	82.8	90.0	92.6	92.6	93.6	78.3	89.0	91.2	91.1	93.4	84.4	90.3	93.5	93.5	94.0
PCV (4 doses or more)[m]	53.7	75.3	80.4	83.3	84.4	44.6	72.8	74.8	78.7	80.6	57.1	76.3	83.2	85.6	86.9
Hepatitis A (2 doses or more)[n]	—	—	46.6	49.7	52.2	—	—	47.3	51.0	50.7	—	—	46.2	49.1	53.4
Rotavirus (2 doses or more)[o]	—	—	43.9	59.2	67.3	—	—	37.7	51.5	61.1	—	—	47.1	62.9	71.1
White, non-Hispanic															
Combined series (4:3:1:3:3:1:4)[d]	—	—	64.1	69.9	68.8	—	—	61.7	63.8	59.8	—	—	64.5	71.3	71.8
Combined series (4:3:1:3:3:1)[e]	76.0	77.5	69.2	73.6	77.3	70.3	69.8	67.7	69.9	72.8	77.2	78.5	69.4	74.5	78.9
Combined series (4:3:1:3:3)[f]	82.1	81.0	71.9	76.1	—	76.3	73.0	70.1	72.6	—	83.4	82.0	72.1	77.1	—
Combined series (4:3:1:3)[g]	83.6	82.6	73.9	78.2	82.0	77.5	74.9	72.0	73.8	76.7	84.8	83.5	74.1	79.3	83.7
DTP (4 doses or more)[h]	87.1	85.3	85.8	84.5	85.0	81.4	77.0	81.2	79.2	78.6	88.1	86.3	86.6	85.9	87.1
Polio (3 doses or more)[i]	91.4	92.6	93.3	93.2	93.9	87.4	86.1	92.0	91.6	92.4	92.3	93.5	93.5	93.6	94.4
MMR (1 dose or more)[j]	91.4	92.1	90.8	90.6	91.1	86.7	88.3	89.7	89.7	89.3	92.1	92.4	91.0	90.9	91.5
Hib (3 doses or more)[k]	94.2	92.9	82.9	90.3	94.1	89.4	86.7	80.1	86.4	91.0	95.1	93.8	83.3	91.1	95.2
Hepatitis B (3 doses or more)	93.1	92.5	92.3	91.4	90.3	90.2	87.8	91.3	91.4	89.6	93.6	93.2	92.6	91.6	90.8
Varicella (1 dose or more)[l]	86.1	89.2	89.2	88.9	89.6	82.3	85.1	87.4	86.3	87.1	86.6	89.8	89.8	89.6	90.1
PCV (3 doses or more)[m]	83.2	89.8	93.2	92.8	93.4	76.4	84.9	90.6	90.0	91.9	84.3	90.4	93.8	93.5	94.0
PCV (4 doses or more)[m]	57.3	76.6	83.4	84.2	85.3	46.6	69.4	77.0	76.0	77.5	59.3	77.6	84.7	86.3	87.6
Hepatitis A (2 doses or more)[n]	—	—	46.2	45.8	50.0	—	—	43.1	44.3	45.0	—	—	46.7	46.5	51.9
Rotavirus (2 doses or more)[o]	—	—	46.4	60.2	68.3	—	—	35.8	47.2	57.4	—	—	48.5	63.1	71.5
Black, non-Hispanic															
Combined series (4:3:1:3:3:1:4)[d]	—	—	58.2	66.9	63.7	—	—	55.1	65.0	61.0	—	—	62.8	69.2	68.0
Combined series (4:3:1:3:3:1)[e]	76.3	75.3	66.6	74.5	75.3	73.5	74.4	63.6	73.7	73.5	80.1	76.5	71.2	75.9	77.9
Combined series (4:3:1:3:3)[f]	79.3	77.5	67.9	75.7	—	75.8	75.9	63.8	74.5	—	83.0	79.6	73.1	77.4	—
Combined series (4:3:1:3)[g]	80.5	79.5	68.9	78.0	78.9	76.8	77.9	65.0	76.3	74.9	83.8	82.0	74.0	80.1	83.9
DTP (4 doses or more)[h]	84.0	82.3	78.6	83.7	81.3	79.7	81.0	75.5	81.3	78.0	87.5	84.2	83.6	87.1	85.9
Polio (3 doses or more)[i]	91.0	91.1	90.9	94.0	93.9	89.0	91.2	89.8	92.5	93.5	92.6	91.3	94.0	95.1	94.7
MMR (1 dose or more)[j]	91.9	91.5	88.2	92.1	90.8	91.3	90.2	86.7	90.0	90.0	92.8	93.4	91.8	93.7	92.1
Hib (3 doses or more)[k]	92.9	90.8	80.4	89.4	93.0	91.6	89.4	77.7	87.0	91.4	94.8	92.2	83.9	91.9	95.1
Hepatitis B (3 doses or more)	92.7	91.2	91.6	92.1	92.1	92.7	91.6	91.8	90.8	93.1	94.1	91.0	92.8	93.6	91.8
Varicella (1 dose or more)[l]	90.6	89.8	88.2	91.5	91.2	91.0	89.3	87.5	89.0	91.3	90.8	90.8	91.5	93.7	91.3
PCV (3 doses or more)[m]	79.6	89.5	91.5	92.6	93.4	76.8	87.8	89.7	89.9	93.1	82.2	91.4	95.4	95.5	94.2
PCV (4 doses or more)[m]	46.2	70.3	73.2	79.7	81.3	42.7	66.1	70.0	75.0	80.6	48.1	74.4	78.1	83.8	83.3
Hepatitis A (2 doses or more)[n]	—	—	41.3	48.6	50.9	—	—	40.1	49.3	46.8	—	—	42.5	47.9	56.9
Rotavirus (2 doses or more)[o]	—	—	38.0	52.7	62.5	—	—	32.6	45.7	56.8	—	—	44.6	58.6	68.9

See notes at end of table.

Table HC3.A (cont.) **Immunization: Percentage of children ages 19–35 months vaccinated for selected diseases by poverty status[a] and race and Hispanic origin,[b] selected years 2005–2011**

Characteristic	Total					Below 100% poverty					100% poverty and above				
	2005	2007	2009[c]	2010	2011	2005	2007	2009[c]	2010	2011	2005	2007	2009[c]	2010	2011
Hispanic															
Combined series (4:3:1:3:3:1:4)[d]	—	—	67.1	72.0	69.5	—	—	65.5	70.5	67.9	—	—	68.2	72.2	71.1
Combined series (4:3:1:3:3:1)[e]	75.6	78.0	72.8	77.2	77.9	75.6	77.7	71.2	76.2	77.9	74.8	78.5	73.6	77.2	78.0
Combined series (4:3:1:3:3)[f]	78.8	79.8	73.9	78.6	—	78.3	79.0	72.3	77.3	—	79.1	80.9	74.7	78.8	—
Combined series (4:3:1:3)[g]	81.2	81.5	74.7	80.0	81.9	80.9	80.9	73.0	78.6	82.0	81.9	82.5	75.3	80.8	81.9
DTP (4 doses or more)[h]	83.6	83.8	82.9	84.4	84.1	82.5	82.9	86.6	82.0	84.2	84.9	85.2	83.0	85.7	83.9
Polio (3 doses or more)[i]	92.3	93.0	92.5	93.8	93.8	91.5	95.3	93.5	93.2	94.8	92.3	90.4	91.5	94.0	93.2
MMR (1 dose or more)[j]	91.1	92.6	89.3	92.9	92.4	89.5	92.9	91.0	92.6	93.7	91.4	92.1	88.4	92.7	91.0
Hib (3 doses or more)[k]	94.2	93.5	86.4	92.0	94.4	93.6	93.9	85.0	90.4	94.9	93.9	92.9	87.9	93.4	95.2
Hepatitis B (3 doses or more)	92.7	93.6	92.6	92.5	91.5	91.5	94.5	92.6	92.4	93.0	92.8	92.6	92.4	92.4	91.0
Varicella (1 dose or more)[l]	89.2	90.6	90.7	92.3	92.0	88.4	91.2	89.8	91.6	92.1	88.8	89.3	90.8	92.1	92.0
PCV (3 doses or more)[m]	83.5	91.0	92.7	93.4	94.3	80.0	91.6	93.8	92.8	95.3	86.0	90.3	91.9	93.3	94.2
PCV (4 doses or more)[m]	50.5	75.4	80.6	83.9	84.6	44.7	77.5	84.7	81.9	84.1	53.8	73.3	82.1	85.1	85.4
Hepatitis A (2 doses or more)[n]	—	—	49.3	57.0	56.3	—	—	52.1	56.3	57.8	—	—	52.1	56.7	54.7
Rotavirus (2 doses or more)[o]	—	—	43.7	60.5	68.3	—	—	42.0	57.2	66.1	—	—	46.0	64.0	71.4

— Not available.

[a] Based on family income and household size using Census Bureau poverty thresholds for the year of data collection.

[b] From 1996 to 2001, the 1977 Office of Management and Budget (OMB) standards for data on race and ethnicity were used to classify persons into one of the following racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. Beginning in 2002, the revised 1997 OMB Standards for Data on Race and Ethnicity were used. Persons could select one or more from the following racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races," due to the small sample size. Data on race and Hispanic origin are collected separately but combined for reporting.

[c] The 2009 series estimates were affected by the Hib vaccine shortage and the interim Advisory Committee on Immunization Practices (ACIP) recommendation to suspend the booster dose for healthy children from December 2007 to June 2009, a time when most children in the 2009 National Immunization Survey would have been eligible for the booster dose of the Hib vaccine. Coverage with the full series of Hib vaccine increased in 2010, suggesting that children received the booster dose as Hib vaccine supplies became adequate starting in July 2009.

[d] The 4:3:1:3:3:1:4 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines; 3 doses (or more) of hepatitis B vaccines; 1 dose (or more) of varicella vaccine and 4 doses (or more) of heptavalent pneumococcal conjugate vaccine (PCV). The collection of coverage estimates for this series began in 2009.

[e] The 4:3:1:3:3:1 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines; 3 doses (or more) of hepatitis B vaccines; and 1 dose (or more) of varicella vaccine. The collection of coverage estimates for this series began in 2002. See footnote c concerning changes to Hib vaccine coverage in 2009.

[f] The 4:3:1:3:3 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines; and 3 doses (or more) of hepatitis B vaccines. See footnote c concerning changes to Hib vaccine coverage in 2009.

[g] The 4:3:1:3 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; and 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines. See footnote c concerning changes to Hib vaccine coverage in 2009.

[h] Diphtheria, tetanus toxoids, and pertussis vaccine (4 doses or more of any diphtheria, tetanus toxoids, and pertussis vaccines, including diphtheria and tetanus toxoids, and any acellular pertussis vaccine).

[i] Poliovirus vaccine (3 doses or more).

[j] Measles-mumps-rubella (MMR) vaccine (1 dose or more) was used beginning in 2005. The previous coverage years reported measles-containing vaccines.

[k] *Haemophilus influenzae* type b (Hib) vaccine (3 doses or more) regardless of brand type.

[l] Varicella vaccine (1 dose or more) is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox).

[m] The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children aged less than 5 years. The series consists of doses at ages 2, 4, and 6 months, and a booster dose at ages 12–15 months.

[n] Hepatitis A vaccine (2 doses or more) is recommended for all children ages 12–23 months. ACIP expanded this recommendation in May 2006. National Immunization Survey (NIS) data prior to 2008 for children ages 19–35 months are not available for Hepatitis A vaccine.

[o] Estimates of rotavirus coverage reflect early vaccinations, primarily among children born during the first 2 years of the licensure of rotavirus vaccine.

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

Table HC3.B

Immunization: Percentage of adolescents ages 13–17 years vaccinated for selected diseases by poverty status[a] and race and Hispanic origin,[b] 2008–2011

Characteristic	Total				Below 100% poverty				100% poverty and above			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Total												
MMR (2 doses or more)[c]	89.3	89.1	90.5	91.1	87.1	87.8	87.8	90.3	89.6	89.3	91.1	91.4
HepB (3 doses or more)[d]	87.9	89.9	91.6	92.3	86.7	88.3	89.0	91.4	88.0	90.3	92.4	92.6
Var (1 dose or more)[e]	81.9	87.0	90.5	92.3	77.0	82.9	86.7	91.1	82.9	87.6	91.2	92.6
Var (2 doses or more)[f]	34.1	48.6	58.1	68.3	35.8	46.2	53.8	67.2	33.9	48.7	58.9	68.4
Td or Tdap (1 dose or more)[g]	72.2	76.2	81.2	85.3	70.9	71.8	76.8	81.5	72.7	77.0	82.2	86.5
Tdap (1 dose or more)[h]	40.8	55.6	68.7	78.2	38.6	52.8	64.7	74.0	41.2	56.1	69.5	79.5
MenACWY (1 dose or more)[i]	41.8	53.6	62.7	70.5	40.8	52.5	62.0	69.0	42.0	63.8	62.9	70.7
HPV (1 dose or more)—females only[j]	37.2	44.3	48.7	53.0	46.4	51.9	51.8	62.1	35.8	42.5	47.7	50.1
HPV (3 doses or more)—females only[k]	17.9	26.7	32.0	34.8	14.9	25.5	28.2	39.0	18.6	26.8	32.9	33.4
White, non-Hispanic												
MMR (2 doses or more)[c]	89.9	90.2	91.6	91.4	89.2	86.7	90.4	88.5	89.7	90.4	91.7	91.9
HepB (3 doses or more)[d]	88.1	90.2	92.7	92.8	88.4	87.4	90.8	90.7	87.9	90.5	92.8	93.1
Var (1 dose or more)[e]	82.8	88.5	91.2	92.9	74.4	79.3	85.6	91.2	82.9	88.9	91.7	93.2
Var (2 doses or more)[f]	31.6	48.8	59.2	67.3	—	34.2	42.9	60.8	—	49.1	60.4	68.1
Td or Tdap (1 dose or more)[g]	71.6	76.5	80.9	85.1	64.5	68.6	70.2	77.5	72.3	77.1	82.1	86.2
Tdap (1 dose or more)[h]	41.7	55.8	68.6	78.6	32.8	49.5	57.5	70.7	42.5	56.1	69.9	79.6
MenACWY (1 dose or more)[i]	39.7	53.1	61.2	68.4	32.8	47.1	50.3	58.5	48.9	53.3	62.5	69.7
HPV (1 dose or more)—females only[j]	35.0	43.9	45.8	47.5	37.3	52.5	39.4	53.6	35.7	43.0	46.6	46.7
HPV (3 doses or more)—females only[k]	19.5	29.1	32.4	33.0	—	—	25.7	32.5	—	—	32.8	33.0
Black, non-Hispanic												
MMR (2 doses or more)[c]	89.1	86.3	90.8	90.6	89.1	84.4	92.1	90.7	88.6	86.9	90.2	90.8
HepB (3 doses or more)[d]	86.0	88.9	90.9	91.7	86.9	86.6	90.0	91.3	85.8	89.8	91.3	92.3
Var (1 dose or more)[e]	74.0	82.4	89.2	91.3	72.7	79.8	87.0	91.1	74.8	82.8	89.5	91.2
Var (2 doses or more)[f]	35.0	43.9	55.3	65.3	—	44.4	60.3	64.7	—	44.2	51.8	65.3
Td or Tdap (1 dose or more)[g]	71.4	72.5	80.5	83.1	68.9	69.5	80.1	79.1	71.9	74.8	80.1	85.4
Tdap (1 dose or more)[h]	36.0	52.7	66.9	75.7	39.0	47.7	68.1	72.1	33.4	55.6	66.0	77.7
MenACWY (1 dose or more)[i]	43.1	53.0	63.4	72.1	38.8	52.0	66.5	72.0	40.3	53.8	61.4	71.5
HPV (1 dose or more)—females only[j]	35.7	44.6	48.9	56.0	53.0	51.6	55.7	60.2	31.2	40.7	44.5	52.5
HPV (3 doses or more)—females only[k]	14.9	23.1	30.2	31.7	—	—	31.6	36.6	—	—	28.6	28.0

See notes at end of table.

Table HC3.B (cont.) **Immunization: Percentage of adolescents ages 13–17 years vaccinated for selected diseases by poverty status[a] and race and Hispanic origin,[b] selected years 2008–2011**

Characteristic	Total				Below 100% poverty				100% poverty and above			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Hispanic												
MMR (2 doses or more)[c]	87.5	87.6	86.2	90.6	83.9	90.6	83.5	91.7	90.4	85.4	88.1	89.4
HepB (3 doses or more)[d]	89.8	90.0	88.9	91.7	86.2	90.3	87.8	93.0	92.1	89.8	91.0	90.7
Var (1 dose or more)[e]	84.5	85.5	90.6	91.0	80.0	84.6	88.1	92.5	88.9	85.6	92.1	89.6
Var (2 doses or more)[f]	38.5	49.7	56.2	71.4	—	49.7	55.8	73.8	—	49.4	56.7	69.4
Td or Tdap (1 dose or more)[g]	74.1	76.7	82.4	86.7	74.8	74.2	78.9	85.0	75.7	77.4	85.0	88.3
Tdap (1 dose or more)[h]	41.9	55.6	69.6	78.4	40.4	55.8	67.4	76.1	44.0	54.8	70.6	80.6
MenACWY (1 dose or more)[i]	46.8	55.9	66.1	75.3	45.0	56.2	67.4	77.2	44.7	55.9	64.4	73.6
HPV (1 dose or more)—females only[j]	44.4	45.5	56.2	65.0	45.9	52.2	57.9	69.2	39.3	42.0	53.5	61.9
HPV (3 doses or more)—females only[k]	14.7	23.4	29.5	41.6	—	—	27.1	44.9	—	—	32.9	39.5

— Not available.

[a] Based on family income and household size using Census Bureau poverty thresholds for the year of data collection.

[b] The revised 1997 Office of Management and Budget (OMB) standards for data on race and ethnicity were used. Persons could select one or more from the following racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander and "Two or more races" due to the small sample size. Data on race and Hispanic origin are collected separately but combined for reporting.

[c] Includes 2 doses (or more) of measles-mumps-rubella vaccine received at any age.

[d] Includes 3 doses (or more) of hepatitis B vaccine received at any age.

[e] Includes 1 dose (or more) of varicella vaccine received at any age and without a history of varicella disease.

[f] Includes 2 doses (or more) of varicella vaccine received at any age and without a history of varicella disease.

[g] Includes 1 dose (or more) of tetanus toxoid-diphtheria vaccine (Td) or tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since age 10.

[h] Includes 1 dose (or more) of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since age 10.

[i] Includes 1 dose (or more) of meningococcal conjugate vaccine (MenACWY) and meningococcal-unknown type vaccine.

[j] Includes 1 dose (or more) quadrivalent or bivalent human papillomavirus vaccine (HPV). Percentages reported among females only.

[k] Includes 3 doses (or more) quadrivalent or bivalent human papillomavirus vaccine (HPV). Percentages reported among females only.

NOTE: Data include routinely recommended vaccines (Tdap, MenACWY, HPV—females only) and early childhood vaccines (MMR, HepB, Var) for catch-up coverage estimates.

SOURCE: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases and National Center for Health Statistics, National Immunization Survey—Teen.

Table HC4.A/B **Oral health: Percentage of children ages 2–17 with a dental visit in the past year by age and selected characteristics, 1997–2011**

Characteristic	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Ages 2–4															
Total	44.7	44.8	39.9	44.1	42.2	40.6	46.5	46.6	48.0	45.6	47.0	50.9	55.5	52.3	57.5
Poverty status[a]															
Below 100% poverty	46.0	46.3	35.0	47.0	40.2	40.9	45.4	43.8	43.0	43.5	45.5	51.7	55.9	54.8	56.3
100–199% poverty	39.1	36.0	37.2	42.7	35.7	33.9	41.2	43.0	43.6	40.9	48.8	49.0	60.2	51.4	59.3
200% poverty and above	46.4	47.6	42.5	43.7	45.2	43.0	49.1	48.9	51.7	48.3	46.7	51.4	53.1	51.6	57.3
Type of insurance[b]															
Private insurance[c]	46.0	46.4	41.9	44.8	44.3	43.1	46.0	48.7	51.5	49.5	46.8	51.3	55.6	50.5	56.8
Public insurance[c,d]	49.9	47.9	41.3	46.3	41.9	42.1	49.6	48.3	45.5	45.0	49.7	54.8	58.5	57.9	59.9
No insurance	30.5	29.0	25.5	37.3	27.1	22.3	35.6	24.9	31.3	23.8	37.2	35.2	33.7	30.4	47.6
Race and Hispanic origin[e]															
White, non-Hispanic	44.5	44.6	40.9	45.1	44.1	42.6	47.4	47.8	49.5	45.9	44.7	48.9	56.7	47.8	53.6
Black, non-Hispanic	49.3	48.8	41.2	43.3	40.1	37.8	47.9	38.2	47.9	39.9	50.0	60.5	55.8	58.3	59.5
American Indian or Alaska Native	48.6	38.6	48.4	71.8	*	*	*	48.1	63.8	*	64.0	*	*	*	73.8
Asian	41.0	39.3	37.0	40.3	34.2	37.1	37.9	44.9	38.7	47.4	35.0	38.7	50.3	43.4	55.0
Two or more races	—	—	48.7	53.8	40.0	46.9	48.8	57.5	51.1	57.7	54.7	46.9	54.6	51.9	61.1
Hispanic	43.0	44.2	34.5	39.2	38.7	36.3	44.1	46.9	43.6	45.4	50.9	52.7	57.1	59.4	64.1
Ages 5–17															
Total	79.2	80.0	79.8	80.6	80.1	81.8	81.5	83.2	82.7	82.9	83.7	83.9	84.0	85.4	87.3
Poverty status[a]															
Below 100% poverty	66.7	68.3	64.6	66.1	66.3	69.9	71.0	71.5	72.7	74.9	74.2	75.7	76.1	78.6	81.7
100–199% poverty	67.9	68.4	68.8	71.2	70.8	74.7	73.2	74.9	74.7	74.5	75.9	75.3	79.2	79.6	82.6
200% poverty and above	87.4	87.5	87.7	87.8	86.9	87.5	87.4	89.5	88.4	88.8	89.1	89.6	88.6	90.1	91.3
Type of insurance[b]															
Private insurance[c]	85.3	85.5	86.2	86.9	86.4	87.7	87.3	89.2	88.4	89.5	89.5	89.6	89.2	90.1	91.0
Public insurance[c,d]	76.7	75.5	72.5	74.9	73.1	75.7	77.7	78.1	79.5	79.3	80.1	82.6	82.9	84.6	87.0
No insurance	50.2	53.6	51.2	53.1	53.0	56.5	53.4	53.5	53.2	53.2	54.2	51.0	54.9	55.6	60.0
Race and Hispanic origin[e]															
White, non-Hispanic	83.6	84.2	84.8	85.7	85.1	87.2	86.3	88.0	87.0	87.3	87.1	87.5	86.9	88.2	89.1
Black, non-Hispanic	73.3	74.2	73.1	75.6	73.7	75.1	75.5	80.3	78.7	79.4	80.6	82.9	81.6	84.4	87.1
American Indian or Alaska Native	72.1	81.5	61.6	71.2	81.3	77.1	74.6	75.0	78.4	78.9	91.9	79.6	78.5	78.4	88.8
Asian	76.1	74.7	78.0	81.9	83.2	74.8	81.8	79.9	76.7	82.7	79.1	82.1	82.2	82.1	81.9
Two or more races	—	—	80.3	77.7	79.2	79.5	82.8	84.6	85.2	84.4	81.0	82.9	87.2	86.3	86.5
Hispanic	66.1	67.7	65.8	65.9	66.4	69.2	70.0	70.4	72.8	71.9	76.7	75.1	77.8	79.3	84.3
Ages 5–11															
Total	80.7	80.1	80.8	81.0	80.4	82.7	81.6	83.9	83.8	82.9	84.7	84.0	85.0	86.5	88.9
Poverty status[a]															
Below 100% poverty	70.4	70.1	66.2	68.5	67.9	72.1	72.9	73.6	74.7	74.3	78.1	77.9	77.3	80.8	86.3
100–199% poverty	71.7	68.6	70.7	73.4	70.9	76.8	73.9	76.2	76.0	74.8	78.4	75.6	83.5	81.8	83.7
200% poverty and above	88.2	87.5	88.5	87.5	87.5	88.2	87.3	90.0	89.4	89.4	89.0	89.7	88.8	90.9	92.3
Type of insurance[b]															
Private insurance[c]	86.4	85.0	87.2	86.7	86.5	88.4	86.3	89.4	88.9	89.6	89.3	89.0	89.3	90.5	91.6
Public insurance[c,d]	77.9	76.1	71.4	75.4	75.0	77.2	78.5	79.8	80.3	78.5	82.1	83.3	84.7	85.9	89.0
No insurance	55.1	57.4	56.1	58.0	52.9	59.4	59.5	56.3	59.4	55.3	58.5	53.5	56.0	59.6	65.7

See notes at end of table.

Table HC4.A/B (cont.) **Oral health: Percentage of children ages 2–17 with a dental visit in the past year by age and selected characteristics, 1997–2011**

Characteristic	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Ages 5–11 (cont.)															
Race and Hispanic origin[e]															
White, non-Hispanic	84.4	83.5	85.8	85.6	85.1	87.8	85.6	88.3	86.9	87.2	86.9	86.6	86.8	89.2	90.0
Black, non-Hispanic	77.7	76.5	75.1	78.2	74.3	78.5	77.2	82.3	81.2	78.1	84.6	84.6	85.0	87.0	89.5
American Indian or Alaska Native	75.2	89.2	66.4	73.6	81.6	76.4	73.1	84.0	80.8	84.7	94.4	85.5	73.2	79.8	90.7
Asian	77.3	76.4	77.0	84.8	84.4	75.0	81.9	83.7	80.7	83.6	79.4	83.9	82.4	81.9	79.4
Two or more races	—	—	79.7	81.4	81.4	78.0	86.0	83.2	87.0	83.8	78.3	79.3	90.0	87.3	89.4
Hispanic	68.9	69.3	66.3	66.2	68.7	71.8	71.6	71.6	75.7	74.1	79.8	77.4	80.8	80.6	88.0
Ages 12–17															
Total	77.4	79.8	78.6	80.2	79.7	80.7	81.4	82.4	81.6	82.8	82.5	83.7	82.8	84.1	85.4
Poverty status[a]															
Below 100% poverty	61.0	65.9	62.5	62.7	64.4	66.7	68.7	69.0	70.1	75.7	69.4	72.7	74.4	75.4	75.7
100–199% poverty	62.9	68.1	66.3	68.3	70.6	72.0	72.3	73.3	73.1	74.0	73.1	74.9	74.4	77.0	81.1
200% poverty and above	86.6	87.4	86.7	88.2	86.4	86.8	87.4	88.9	87.4	88.1	89.2	89.4	88.4	89.3	90.2
Type of insurance[b]															
Private insurance[c]	84.0	86.0	84.9	87.2	86.4	86.8	88.3	89.0	87.8	89.5	89.7	90.2	89.2	89.6	90.4
Public insurance[c,d]	74.6	74.7	74.1	74.1	70.4	73.5	76.6	75.7	78.3	80.4	77.2	81.6	80.5	82.5	84.0
No insurance	44.6	49.1	45.6	47.3	53.2	53.5	46.9	50.6	47.4	51.2	50.3	48.6	53.9	52.1	54.7
Race and Hispanic origin[e]															
White, non-Hispanic	82.6	84.9	83.5	85.8	85.2	86.6	87.1	87.7	87.1	87.5	87.2	88.5	86.9	87.2	88.1
Black, non-Hispanic	67.6	71.5	70.7	72.4	73.0	70.9	73.6	78.1	76.3	80.6	76.5	81.1	78.2	81.5	84.4
American Indian or Alaska Native	68.7	70.2	55.4	69.0	81.0	78.1	77.1	67.0	76.1	72.5	87.4	69.1	85.9	76.7	85.8
Asian	74.6	72.5	78.9	78.6	81.5	74.5	81.7	75.8	71.7	81.8	78.8	79.9	81.8	82.3	85.0
Two or more races	—	—	81.2	71.5	74.8	82.1	76.5	86.4	82.2	85.5	84.2	85.7	83.4	84.4	83.1
Hispanic	62.3	65.3	65.1	65.5	63.2	65.7	67.7	68.9	69.1	69.1	72.9	72.1	73.9	77.6	79.2

— Not available.

* Estimates are considered unreliable (relative standard error greater than 30 percent).

[a] Missing family income data were imputed for 19 to 31 percent of children ages 2–17 in 1997–2011.

[b] Children with health insurance may or may not have dental coverage.

[c] Children with both public and private insurance coverage are placed in the private insurance category.

[d] Public health insurance for children consists mostly of Medicaid, but also includes Medicare, the Children's Health Insurance Programs (CHIP), and Tricare.

[e] For the 1997–1998 race-specific estimates, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards for race were used for the 1999–2011 race-specific estimates and classified persons into one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. From 1999 onward, respondents could choose more than one race. Those reporting more than one race were classified as "Two or more races." Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are persons of Native Hawaiian or Other Pacific Islander origin. Data from 1999 onward are not directly comparable with data from earlier years.

NOTE: From 1997–2000, children were identified as having a dental visit in the past year by asking parents "About how long has it been since your child last saw or talked to a dentist?" In 2001 and later years, the question was "About how long has it been since your child last saw a dentist?" Parents were directed to include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table HC4.C

Oral health: Percentage of children ages 5–17 with untreated dental caries (cavities) by age, poverty status, and race and Hispanic origin, 1988–1994, 1999–2004, 2005–2008, and 2009–2010

Characteristic	1988–1994	1999–2004	2005–2008	2009–2010
Ages 5–17				
Total	24.3	23.3	16.3	14.2
Poverty status				
Below 100% poverty	39.0	33.4	26.0	21.5
100–199% poverty	29.7	32.2	18.2	18.6
200% poverty and above	15.2	14.5	11.8	9.6
Race and Hispanic origin[a]				
White, non-Hispanic	19.5	19.7	13.1	11.4
Black, non-Hispanic	33.2	28.5	21.9	20.7
Mexican American	38.3	34.1	22.0	21.3
Ages 5–11				
Total	27.8	27.1	20.2	15.7
Poverty status				
Below 100% poverty	43.4	37.5	30.1	23.4
100–199% poverty	31.7	36.1	22.6	19.8
200% poverty and above	18.1	17.3	15.0	10.6
Race and Hispanic origin[a]				
White, non-Hispanic	23.0	23.3	17.5	12.3
Black, non-Hispanic	34.3	32.1	26.1	17.9
Mexican American	42.5	39.0	24.9	27.0
Ages 12–17				
Total	20.0	18.8	11.9	12.5
Poverty status				
Below 100% poverty	32.5	28.1	20.1	19.3
100–199% poverty	27.4	26.8	12.4	16.9
200% poverty and above	11.7	11.6	8.8	8.5
Race and Hispanic origin[a]				
White, non-Hispanic	15.2	15.5	8.6	10.4
Black, non-Hispanic	31.9	24.1	17.2	23.8
Mexican American	32.8	27.2	17.9	13.8

[a] For 1988–1994, the 1977 Office of Management and Budget (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. For 1999–2010, 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, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 1999, those in each racial category represent those reporting only one race. Data from 1999 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately but combined for reporting. Persons of Mexican origin may be of any race. From 1988 to 2006, the National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican origin. Beginning in 2007, NHANES allows for reporting of both total Hispanics and Mexican Americans; however, estimates reported here are for Mexican Americans to be consistent with earlier years.

NOTE: Children ages 5–17 had at least one primary or permanent tooth with untreated decay. Data for 2005–2008 were collected by health technologists; data for 2009–2010 were collected by dental hygienists and are comparable to 1988–1994 and 1999–2004 data, which were collected by dentists.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table PHY1 Outdoor air quality: Percentage of children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards, 1999–2011

Characteristic	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
One or more pollutants	74.9	76.1	76.2	75.8	77.3	73.6	75.7	72.2	73.3	68.6	57.9	66.7	65.8
Pollutant													
Carbon monoxide—8-hour standard	5.7	4.4	0.7	4.1	0.0	0.1	0.2	0.3	0.1	0.2	0.0	0.0	0.0
Lead—3-month standard	2.3	1.6	2.1	1.2	1.6	1.2	1.6	1.2	5.0	5.0	4.2	6.6	6.7
Nitrogen dioxide—1-hour standard	23.2	19.4	17.3	18.8	17.3	16.0	13.7	12.3	10.7	12.3	8.5	7.4	4.7
Ozone—8-hour standard	65.2	64.9	66.2	66.0	67.7	61.4	66.0	65.0	63.8	58.8	48.4	59.1	60.7
Particulate matter ($PM_{2.5}$)—annual standard	24.2	29.6	24.7	20.8	19.0	16.3	24.1	12.2	15.8	7.2	2.1	1.7	2.2
Particulate matter ($PM_{2.5}$)—24-hour standard	55.0	62.5	60.7	60.8	56.6	55.8	59.6	45.0	50.2	35.6	31.5	33.7	24.3
Particulate matter (PM_{10})—24-hour standard	7.9	6.3	6.0	4.8	7.8	5.1	4.9	5.0	12.2	3.9	2.7	2.2	3.7
Sulfur dioxide—1-hour standard	31.1	28.8	26.6	25.5	21.5	20.4	20.7	16.5	15.2	16.8	11.2	8.6	7.9

NOTE: Percentages are based on the number of children living in counties where measured air pollution concentrations were higher than the level of a Primary National Ambient Air Quality Standard at least once during the year. The indicator is calculated with reference to the current levels of the air quality standards for all years shown. The Environmental Protection Agency (EPA) periodically reviews air quality standards and may change them based on updated scientific findings. Measuring concentrations above the level of a standard is not equivalent to violating the standard. The level of a standard may be exceeded on multiple days before the exceedance is considered a violation of the standard. Data have been revised since previous publication in *America's Children.* Values have been recalculated based on updated Census population data and updated data in the Air Quality System. This analysis does not incorporate the revision to the $PM_{2.5}$ annual standard promulgated in December 2012. For more information on the air quality standards that are used in calculating these percentages, please see http://www.epa.gov/air/criteria.html.

SOURCE: Environmental Protection Agency, Office of Air and Radiation, Air Quality System.

Table PHY2.A

Environmental tobacco smoke: Percentage of children ages 4–17 with specified blood cotinine levels by age, selected years 1988–2010

Characteristic	1988–1994	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010
Ages 4–17							
Total							
Any detectable cotinine at or above 0.05 ng/mL	87.4	64.2	52.6	61.1	48.9	50.0	39.6
Blood cotinine above 1.0 ng/mL	23.7	16.9	16.1	17.1	11.6	15.3	9.0
Ages 4–11							
Total							
Any detectable cotinine at or above 0.05 ng/mL	87.7	64.4	55.1	63.7	51.4	52.6	41.7
Blood cotinine above 1.0 ng/mL	25.7	17.7	18.1	18.7	12.3	16.7	9.4
Ages 12–17							
Total							
Any detectable cotinine at or above 0.05 ng/mL	87.0	63.9	49.6	57.9	46.0	47.0	37.2
Blood cotinine above 1.0 ng/mL	21.1	16.0	13.6	15.0	10.8	13.7	8.4

NOTE: Cotinine levels are reported for nonsmoking children only. "Any detectable cotinine" indicates blood cotinine levels at or above 0.05 nanograms per milliliter (ng/mL), the detectable level of cotinine in the blood in 1988–1994. The average (geometric mean) blood cotinine level in children living in homes where someone smoked was 1.0 ng/mL in 1988–1994[1] and in 2003–2006.[2]

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

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

[2] Marano, C., Schober, S.E., Brody, D.J., and Zhang, C. (2009). Secondhand tobacco smoke exposure among children and adolescents: United States, 2003–2006. *Pediatrics, 124*(5): 1299–1305.

Table PHY2.B

Environmental tobacco smoke: Percentage of children ages 0–6 living in homes where someone smoked regularly[a] by race and Hispanic origin and poverty status, 1994, 2005, and 2010

Characteristic	1994	2005	2010
All			
Total	27.3	8.4	6.1
Race and Hispanic origin[b]			
White, non-Hispanic	29.4	9.1	7.5
Black, non-Hispanic	27.6	12.0	8.5
Asian	*	*	*
Hispanic	19.9	4.3	2.2
Mexican	19.2	3.9	2.2
Puerto Rican	*	9.3	*
Poverty status[c]			
Below 100% poverty	37.1	14.6	10.2
100–199% poverty	32.7	11.7	8.1
200% poverty and above	18.5	4.7	3.0

* Estimate is considered unreliable (relative standard error is greater than 30 percent).

[a] Regular smoking is defined as smoking by a resident that occurs four or more days per week.

[b] For the 1994 race-specific estimates, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards for race were used for the 2005 and 2010 race-specific estimates and classified persons into one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and "Two or more races." Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race.

[c] Missing family income data were imputed for 14 percent of children ages 0–6 in 1994, 28 percent of children ages 0–6 in 2005, and 20 percent of children ages 0–6 in 2010.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table PHY3

Drinking water quality: Percentage of children served by community water systems that did not meet all applicable health-based drinking water standards, 1993–2011

Characteristic	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Type of standard violated										
All health-based standards	18.6	15.1	10.5	9.5	9.2	8.1	7.4	8.0	4.9	10.6
Lead and copper	2.8	1.7	1.7	1.7	1.7	1.4	1.4	1.0	1.0	0.8
Total coliforms	9.6	8.1	4.0	4.1	3.5	2.9	3.1	2.8	2.1	2.5
Chemical and radionuclide	1.1	0.9	1.3	0.8	1.0	0.9	0.7	0.7	0.6	0.7
Surface water treatment	6.1	5.3	4.0	3.6	3.3	2.8	2.4	3.1	1.2	5.4
Nitrate/nitrite	0.3	0.1	0.2	0.2	0.3	0.6	0.3	0.5	0.2	0.2
Disinfection byproducts	—	—	—	—	—	—	—	—	—	1.4

Characteristic	2003	2004	2005	2006	2007	2008	2009	2010	2011
Type of standard violated									
All health-based standards	8.0	8.2	11.4	10.1	7.5	6.3	7.2	7.2	4.7
Lead and copper	0.6	0.8	0.7	0.5	0.3	0.5	0.8	0.2	0.1
Total coliforms	2.9	3.4	3.2	2.3	2.3	2.3	2.5	2.4	2.3
Chemical and radionuclide	0.7	1.0	0.9	1.2	1.2	1.0	1.0	0.8	0.8
Surface water treatment	1.5	1.4	4.8	4.5	2.5	1.3	1.9	2.7	0.6
Nitrate/nitrite	0.3	0.1	0.1	0.5	0.2	0.1	0.1	0.1	0.1
Disinfection byproducts	2.9	2.5	2.0	1.5	1.4	1.4	1.3	1.3	1.1

— Not available.

NOTE: Revisions to the following standards were made between 2002 and 2006: disinfection byproducts (2002 for larger systems and 2004 for smaller systems), surface water treatment (2002), radionuclides (2003), and arsenic (included in the Chemical and radionuclide category, in 2006). No other revisions to the standards have taken effect during the period of trend data (beginning with 1993). Indicator values reflect the standards in place for each year depicted. Data have been revised since previous publication in *America's Children.* Values for years prior to 2011 have been recalculated based on updated data in the Safe Drinking Water Information System.

SOURCE: Environmental Protection Agency, Office of Water, Safe Drinking Water Information System.

Table PHY4.A

Lead in the blood of children: Percentage of children ages 1–5 with blood lead levels at or above 5 µg/dL, 1988–1994, 1999–2002, 2003–2006, and 2007–2010

Blood lead level	1988–1994	1999–2002	2003–2006	2007–2010
≥ 5 µg/dL	25.6	8.7	4.1	2.6

NOTE: The reference level of 5 µg/dL is the 97.5th percentile of blood lead levels for children ages 1–5 in 2005–2008. The Centers for Disease Control and Prevention (CDC) currently uses this reference level to identify children with elevated blood lead levels.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table PHY4.B

Lead in the blood of children: Percentage of children ages 1–5 with blood lead levels at or above 5 µg/dL, by race and Hispanic origin and poverty status, 2007–2010

Characteristic	≥ 5 µg/dL
Total[a]	2.6
Race and Hispanic origin[b]	
White, non-Hispanic	**
Black, non-Hispanic	5.6
Hispanic	1.8*
Poverty status	
Below 100% poverty	4.4
100% poverty and above	**

* Estimate is considered unstable (relative standard error is greater than 30 percent but less than 40 percent).

** Estimate is considered unreliable (relative standard error greater than 40 percent).

[a] Totals include data for racial/ethnic groups not shown separately.

[b] For 2007–2010, the revised 1997 Office of Management and Budget (OMB) standards for data on race and ethnicity 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. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Data on race and Hispanic origin are collected separately but combined for reporting. Persons of Hispanic origin may be of any race.

NOTE: The reference level of 5 µg/dL is the 97.5th percentile of blood lead levels for children ages 1–5 in 2005–2008. The Centers for Disease Control and Prevention (CDC) currently uses this reference level to identify children with elevated blood lead levels.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table PHY5

Housing problems: Percentage of households with children ages 0–17 that reported housing problems by type of problem, selected years 1978–2011[a]

Household type	1978	1983	1989	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011
All households with children													
Number of households (in millions)	32.3	33.6	35.4	35.4	37.2	37.0	37.5	38.6	38.4	38.7	38.1	38.5	37.6
Percent with													
Any problems	30.0	33.0	33.0	34.0	36.0	36.0	35.0	36.1	36.9	40.3	43.0	44.5	46.4
Inadequate housing[b]	9.0	8.0	9.0	7.0	7.0	7.0	7.0	6.7	5.8	5.4	5.1	5.1	5.5
Crowded housing	9.0	8.0	7.0	6.0	7.0	7.0	7.0	6.3	6.2	6.3	6.2	6.2	7.1
Cost burden greater than 30 percent[c]	15.0	21.0	24.0	26.0	28.0	28.0	28.0	28.5	30.1	34.2	37.2	39.3	40.7
Cost burden greater than 50 percent[c]	6.0	11.0	9.0	11.0	12.0	12.0	11.0	11.2	11.5	14.5	15.8	17.5	18.3
Severe problems[d]	8.0	12.0	10.0	11.0	12.0	11.0	11.0	11.1	11.3	13.8	15.1	16.9	17.6
Very-low-income renter households with children[e]													
Number of households (in millions)	4.2	5.1	5.9	6.6	6.5	6.4	6.2	6.0	6.4	6.5	6.3	6.8	7.6
Percent with													
Any problems	79.0	83.0	77.0	75.0	77.0	82.0	80.0	79.4	77.5	82.2	82.5	84.3	86.1
Inadequate housing[b]	18.0	18.0	18.0	14.0	13.0	16.0	15.0	15.4	12.8	12.2	11.4	11.0	12.0
Crowded housing	22.0	18.0	17.0	14.0	17.0	17.0	17.0	15.4	14.5	14.2	14.1	13.5	15.4
Cost burden greater than 30 percent[c]	59.0	68.0	67.0	67.0	69.0	73.0	70.0	69.5	70.4	75.9	75.9	80.2	81.1
Cost burden greater than 50 percent[c]	31.0	38.0	36.0	38.0	38.0	41.0	37.0	37.7	36.2	44.9	44.1	49.4	50.9
Severe problems[d]	33.0	42.0	31.0	33.0	31.0	32.0	29.0	30.2	29.0	35.9	34.6	40.5	42.8
Rental assistance[f]	23.0	23.0	33.0	33.0	33.0	31.0	31.0	30.3	28.1	27.7	27.7	25.0	24.7

[a] Data are available for 1978, 1983, 1989, and biennially since 1993. All data are weighted using the decennial Census that preceded the date of their collection. Because of questionnaire changes, data since 1997 on families with rental assistance, priority problems, and severe physical problems are not directly comparable with earlier data. See Office of Policy Development and Research, U.S. Department of Housing and Urban Development. (2003). *Trends in worst case needs for housing, 1978–1999: A report to Congress on worst case housing needs—Plus update on worst case needs in 2001.* Washington, DC: U.S. Department of Housing and Urban Development.

[b] Inadequate housing refers to housing with "moderate or severe physical problems." The most common problems meeting the definition are lacking complete plumbing for exclusive use, having unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats. Problems appearing in public halls of multifamily structures are no longer counted beginning in 2007. See definition in Appendix A and changes in Appendix C of the American Housing Survey summary volume, *American Housing Survey for the United States: 2007,* Current Housing Reports, Series H150/07, U.S. Census Bureau, 2008.

[c] Cost burden refers to expenditures on housing and utilities that exceed the specified proportion, 30 percent or 50 percent, of reported income.

[d] Severe problems: For households not reporting housing assistance, cost burden is greater than 50 percent of income or severe physical problems are present.

[e] Very-low-income households are those with incomes at or below one-half the median income, adjusted for family size, in a geographic area.

[f] Renters are either in a public housing project or have a subsidy (i.e., pay a lower rent because a Federal, state, or local government program pays part of the cost of construction, mortgage, or operating expenses).

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

Table PHY6 Youth victims of serious violent crimes: Rate and number of victimizations for youth ages 12–17 by age, race and Hispanic origin, and gender, selected years 1980–2011

Characteristic	1980	1985	1990	1995	2000	2005	2008	2009	2010	2011[a]
Rate per 1,000 youth ages 12–17										
Age										
Ages 12–17	37.6	34.3	43.2	31.2	15.3	13.8	12.5	11.1	7.2	8.5
Ages 12–14	33.4	28.1	41.2	28.7	14.3	10.5	11.4	8.6	7.3	7.4
Ages 15–17	41.4	40.3	45.2	33.8	16.3	17.2	13.5	13.4	7.0	9.5
Race and Hispanic origin[b]										
White	34.1	34.4	37.0	26.8	14.0	—	—	—	—	—
White, non-Hispanic[c]	—	—	—	—	—	10.5	9.6	10.2	6.7	6.9
Black	60.2	35.2	77.0	53.0	22.8	—	—	—	—	—
Black, non-Hispanic[c]	—	—	—	—	—	24.9	19.2	18.3	14.0	17.8
Hispanic[d]	—	—	—	—	—	17.9	19.3	*	*	9.0
Other	21.7	28.8	37.3	31.1	*	—	—	—	—	—
Gender										
Male	54.8	49.8	60.5	41.7	21.0	18.5	16.6	14.9	9.0	9.6
Female	19.7	18.2	24.9	20.2	9.4	9.0	8.1	7.1	5.3	7.3
Number of victimizations of youth ages 12–17										
Age										
Ages 12–17	877,104	742,815	866,272	714,637	367,969	350,937	311,836	272,827	174,788	206,225
Ages 12–14	364,437	295,972	412,125	335,391	172,809	133,725	138,826	103,693	88,367	88,825
Ages 15–17	512,667	446,843	454,147	379,246	195,160	217,212	173,010	169,134	86,421	117,400
Race and Hispanic origin[b]										
White	658,539	606,739	593,596	486,678	265,893	—	—	—	—	—
White, non-Hispanic[c]	—	—	—	—	—	160,965	142,271	147,335	93,479	94,687
Black	206,227	113,960	238,141	197,172	88,386	—	—	—	—	—
Black, non-Hispanic[c]	—	—	—	—	—	95,032	70,218	66,450	51,279	65,162
Hispanic[d]	—	—	—	—	—	83,425	94,474	*	*	46,358
Other	12,292	22,111	34,523	30,786	*	—	—	—	—	—
Gender										
Male	651,976	550,860	623,509	489,201	258,060	239,797	212,088	186,453	111,676	120,197
Female	225,127	191,955	242,763	225,436	109,908	111,140	99,747	86,373	63,112	86,027

— Not available.

* Reporting standards not met due to insufficient unweighted sample cases.

[a] Homicide data were not available for 2011 at the time of publication. The number of homicides for 2010 is included in the overall total for 2011. In 2010, homicides represented about 1 percent of serious violent crime, and the total number of homicides of juveniles has been relatively stable over the last decade.

[b] From 1980 to 2002, the 1977 Office of Management and Budget (OMB) standards for data on race and ethnicity were used to classify persons into one of the following racial groups: White, Black, or Other. "Other" included American Indian or Alaskan Native and Asian or Pacific Islander. Data from 2003 onward are collected under the 1997 OMB Standards. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[c] Homicide data are collected using the FBI's Supplementary Homicide Reports (SHR) for which Hispanic origin is not available. Homicide is included here, but the victim may have been Hispanic.

[d] Victimization estimates for Hispanics exclude homicides because homicide data are collected using the FBI's Supplementary Homicide Reports (SHR) for which Hispanic origin is not available.

NOTE: Serious violent crimes include aggravated assault, rape, robbery, and homicide. Aggravated assault is an attack with a weapon, regardless of whether or not an injury occurred, or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Because of changes made in the victimization survey, data prior to 1992 were adjusted to make them comparable with data collected under the redesigned methodology. Estimates may vary from previous publications due to updating of more recent homicide and victimization numbers.

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

Table PHY7.A

Child injury and mortality: Emergency department visit rates for children ages 1–14 by leading causes of injury visits, 1995–2010

(Emergency department visits per 1,000 children ages 1–4 and ages 5–14)

Characteristic	1995–1996	1997–1998	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010
Ages 1–4								
All injury visits[a]	161.2	158.6	165.4	139.3	151.3	150.7	129.0	166.1
All initial injury visits[b]	—	—	—	129.0	142.7	142.6	115.1	152.8
Leading causes of injury visits[c]								
Cut or pierced from instrument or object	12.2	9.7	12.1	6.5	7.4	5.6	4.4	5.4
Fall	47.2	39.2	48.2	35.0	49.3	53.7	45.3	64.7
Motor vehicle traffic	6.2	8.1	6.9	6.5	7.4	7.1	4.8	6.2
Natural or environmental factors[d]	9.9	9.0	14.5	7.4	10.6	10.4	7.0	14.7
Overexertion	1.6	4.3	3.0	1.8	2.2	3.4	3.3	3.7
Poisoning	9.8	8.3	7.8	4.9	8.1	7.6	5.9	5.3
Struck by/against an object or person	24.9	38.2	29.4	28.2	20.5	14.7	16.4	17.9
Ages 5–14								
All injury visits[a]	126.8	119.8	122.9	118.1	120.5	112.1	107.9	118.6
All initial injury visits[b]	—	—	—	110.0	114.3	105.4	94.5	107.9
Leading causes of injury visits[c]								
Cut or pierced from instrument or object	10.9	10.7	8.4	7.8	7.6	6.5	6.0	5.6
Fall	31.3	27.0	27.0	27.6	28.0	28.1	26.9	30.6
Motor vehicle traffic	10.1	8.3	10.1	7.7	7.9	8.2	6.3	6.3
Natural or environmental factors[d]	8.5	6.2	5.7	5.5	8.1	6.2	5.2	7.0
Overexertion	2.4	2.3	2.8	3.6	3.8	3.8	4.8	6.0
Poisoning	1.6	1.1	1.6	1.4	1.7	1.5	1.4	1.5
Struck by/against an object or person	21.1	27.8	30.2	26.9	25.3	20.2	18.9	21.6

— Not available.

[a] Any emergency department visit where there is a valid first-listed injury diagnosis code or a valid first-listed external cause of injury code.

[b] In 2009–2010, some 93 percent of injury-related emergency department visits among children ages 1–4 and 92 percent of injury-related emergency department visits among children ages 5–14 were an initial visit.

[c] Data for 2001–2010 include initial visits only. Initial visit status was imputed for 2005–2006.

[d] Insect or animal bites accounted for the majority of emergency department visits caused by natural or environmental factors.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

Table PHY7.B **Child injury and mortality: Death rates among children ages 1–14 by gender, race and Hispanic origin, and all causes and all injury causes, selected years 1980–2011**

(Deaths per 100,000 children ages 1–4 and ages 5–14)

Characteristic	1980	1985	1990	1995	2000	2005[a]	2006[a]	2007[a]	2008[a]	2009[a]	2010	2011[b]
Ages 1–4												
All causes[c]	63.9	51.8	46.8	40.4	32.4	29.9	29.1	29.4	29.3	27.4	26.5	26.2
Gender												
Male	72.6	58.5	52.4	44.5	35.9	34.0	31.3	32.3	32.7	30.1	29.6	29.0
Female	54.7	44.8	41.0	36.0	28.7	25.6	26.9	26.5	25.8	24.6	23.3	23.3
Race and Hispanic origin[d]												
White	57.9	46.6	41.1	35.2	29.2	27.7	26.4	26.8	27.2	25.5	24.6	24.5
White, non-Hispanic[e]	—	45.3	37.6	34.2	28.5	26.7	25.6	26.3	27.0	25.0	24.7	24.1
Black	97.6	80.7	76.8	66.4	49.9	43.5	45.3	44.4	42.4	39.8	38.1	38.2
Asian or Pacific Islander	43.2	40.1	38.6	26.5	21.6	18.0	18.6	20.6	18.0	16.1	17.9	13.5
Hispanic[e]	—	46.1	43.5	36.3	29.6	28.7	26.5	26.3	25.9	24.7	22.7	23.5
Leading causes of death[f]												
Unintentional injuries	25.9	20.2	17.3	14.4	11.9	10.5	10.1	9.9	9.1	9.0	8.6	8.3
Cancer	4.5	3.8	3.5	3.1	2.7	2.4	2.4	2.3	2.4	2.2	2.1	2.2
Birth defects	8.0	5.9	6.1	4.4	3.2	3.3	3.2	3.4	3.2	2.9	3.1	3.0
Homicide	2.5	2.5	2.6	2.9	2.3	2.4	2.3	2.5	2.6	2.3	2.4	2.3
Heart disease	2.6	2.2	1.9	1.6	1.2	0.9	1.0	1.1	1.2	0.9	1.0	1.0
Pneumonia/influenza	2.1	1.6	1.2	1.0	0.7	0.7	0.8	0.7	0.9	0.9	0.6	0.6
Injury-related causes of death[f]												
All injuries (intentional and unintentional)	28.9	23.0	19.9	17.3	14.5	13.2	12.8	12.7	12.2	11.8	11.5	11.1
Motor vehicle traffic-related	7.4	5.9	5.3	4.4	3.7	3.1	3.0	2.7	2.1	2.2	2.1	//
Drowning	5.7	4.4	3.9	3.5	3.3	3.3	3.0	3.0	2.8	2.9	2.9	//
Fire and burns	6.1	4.8	4.0	3.1	2.0	1.4	1.4	1.3	1.2	1.1	1.1	//
Firearms	0.7	0.7	0.6	0.6	0.3	0.4	0.4	0.4	0.5	0.4	0.4	//
Suffocation	1.9	1.4	1.3	1.3	1.2	1.0	1.0	1.2	1.0	1.0	1.0	//
Pedestrian (non-traffic)[g]	1.5	1.1	0.9	0.7	0.6	0.8	0.7	0.8	0.7	0.7	0.6	//
Fall	0.9	0.6	0.6	0.3	0.2	0.2	0.3	0.2	0.3	0.3	0.2	//

See notes at end of table.

Table PHY7.B (cont.) **Child injury and mortality: Death rates among children ages 1–14 by gender, race and Hispanic origin, and all causes and all injury causes, selected years 1980–2011**

(Deaths per 100,000 children ages 1–4 and ages 5–14)

Characteristic	1980	1985	1990	1995	2000	2005[a]	2006[a]	2007[a]	2008[a]	2009[a]	2010	2011[b]
Ages 5–14												
All causes[c]	30.6	26.5	24.0	22.2	18.0	16.3	15.2	15.2	13.9	13.8	12.9	13.1
Gender												
Male	36.7	31.8	28.5	26.4	20.9	18.5	17.5	17.3	15.8	15.6	14.6	15.1
Female	24.2	21.0	19.3	17.9	15.0	13.9	12.7	12.9	11.9	12.0	11.1	11.0
Race and Hispanic origin[d]												
White	29.1	25.0	22.3	20.5	17.0	15.1	14.3	14.4	13.0	12.8	12.3	12.5
White, non-Hispanic[e]	—	23.1	21.5	20.1	17.1	15.3	14.1	14.3	13.2	12.4	12.6	12.7
Black	39.0	35.5	34.4	32.0	24.2	22.8	20.7	20.3	19.3	19.5	17.1	17.6
Asian or Pacific Islander	24.2	20.8	16.9	17.5	12.3	12.4	10.3	10.2	9.7	10.5	8.2	8.5
Hispanic[d]	—	19.3	20.0	19.9	15.7	13.5	13.9	13.7	11.6	12.9	10.2	11.0
Leading causes of death[f]												
Unintentional injuries	15.0	12.6	10.4	9.2	7.3	5.9	5.6	5.4	4.6	4.1	4.0	3.9
Cancer	4.3	3.5	3.1	2.7	2.5	2.5	2.2	2.4	2.2	2.2	2.2	2.1
Birth defects	1.6	1.4	1.5	1.2	1.0	1.0	0.8	0.9	0.8	0.9	0.7	0.9
Homicide	1.2	1.2	1.3	1.5	0.9	0.8	1.0	0.9	0.8	0.7	0.6	0.7
Heart disease	0.9	1.0	0.9	0.8	0.7	0.6	0.6	0.6	0.6	0.5	0.5	0.5
Pneumonia/influenza	0.6	0.4	0.4	0.3	0.2	0.3	0.2	0.3	0.2	0.6	0.2	0.3
Injury-related causes of death[f]												
All injuries (intentional and unintentional)	16.7	14.7	12.7	11.5	9.1	7.6	7.2	6.8	6.1	5.7	5.5	5.5
Motor vehicle traffic-related	7.5	6.6	5.6	5.1	4.0	3.3	3.0	2.8	2.3	2.1	2.0	//
Drowning	2.5	1.8	1.5	1.2	0.9	0.7	0.7	0.6	0.7	0.5	0.6	//
Fire and burns	1.5	1.4	1.0	0.9	0.7	0.6	0.5	0.6	0.4	0.4	0.4	//
Firearms	1.6	1.8	1.9	1.9	0.9	0.8	0.9	0.8	0.7	0.7	0.7	//
Suffocation	0.9	0.9	0.8	0.8	0.8	0.8	0.8	0.7	0.7	0.7	0.7	//
Pedestrian (non-traffic)[g]	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	//
Fall	0.3	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	//

— Not available.

// Not available at time of publication.

[a] Rates for 2001–2009 are revised and may differ from rates previously published.

[b] Number of deaths are based on weighted data rounded to the nearest individual. Data are based on death records comprising more than 98 percent of the preliminary files for 2011 obtained from preliminary death records from the National Vital Statistics System. Caution should be taken in interpreting injury death rates based on preliminary data, as these tend to be underestimated. See *Deaths: Preliminary data for 2011,* http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf.

[c] Total includes American Indians/Alaskan Natives.

[d] The 1977 Office of Management and Budget (OMB) standards for data on race and ethnicity were used to classify persons into one of the following three racial groups: White, Black, or Asian or Pacific Islander. Death rates for American Indians or Alaskan Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates and American Indians are underreported on the death certificate. CA, HI, ID, ME, MT, NY, and WI reported multiple-race data in 2003. In 2004, the following states began to report multiple-race data: MI, MN, NH, NJ, OK, SD, WA, and WY. In 2005, the following states began to report multiple-race data: CT, FL, KS, NE, SC, UT, and DC (mid-year). In 2006, NM, OR, RI, and TX began to report multiple-race data. In 2007, DE and OH began to report multiple-race data. In 2008, AR, GA, IL, IN, NV, ND, and VT began to report multiple-race data. In 2010, AZ, KY, and MO began to report multiple-race data. In 2011, IA began to report multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states, rather than following the revised 1997 OMB standards for a select group of states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

[e] Trends for the Hispanic population are affected by an expansion in the number of registration areas that included an item on Hispanic origin on the death certificate. Tabulations are restricted to a subset of the states that include the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 for those areas reporting Hispanic origin on at least 80 percent of records. The number of states in the reporting area increased from 15 states in 1984 to 17 states and the District of Columbia (DC) in 1985; 18 states and DC in 1986–1987; 26 states and DC in 1988; 44 states and DC in 1989; 45 states, New York State (excluding New York City), and DC in 1990; 47 states, New York State (excluding New York City), and DC in 1991; 48 states and DC in 1992; and 49 states and DC in 1993–1996. Complete reporting began in 1997. The population data in 1990 and 1991 do not exclude New York City.

[f] Cause-of-death information for 1980–1998 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999–2011 is classified according to the Tenth Revision of the International Classification of Diseases.

[g] Includes deaths occurring on private property. Pedestrian deaths on public roads are included in the motor vehicle traffic-related category.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

Table PHY8.A

Adolescent injury and mortality: Emergency department visit rates for adolescents ages 15–19 by leading causes of injury, 1995–2010

(Emergency department visits per 1,000 adolescents ages 15–19)

Characteristic	1995–1996	1997–1998	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010
All injury visits[a]	179.8	170.9	178.4	154.4	160.7	161.4	157.2	154.2
All initial injury visits[b]	—	—	—	141.5	148.2	147.5	137.1	141.0
Leading causes of injury visits[c]								
Cut or pierced from instrument or object	16.2	18.2	18.0	12.4	12.4	12.4	9.7	10.0
Unintentional	14.0	15.2	15.6	11.0	11.1	10.0	8.6	7.8
Fall[d]	24.8	20.6	21.1	16.0	20.4	22.3	25.5	20.4
Motor vehicle traffic[d]	32.9	32.3	32.7	26.0	24.6	24.1	21.0	21.8
Natural or environmental factors[d,e]	5.6	4.4	7.1	5.2	6.9	5.9	5.4	6.8
Overexertion[d]	7.4	4.8	7.3	5.9	7.0	8.1	6.8	10.5
Poisoning	4.3	5.9	4.3	5.7	6.4	5.4	6.0	5.0
Unintentional	2.9	3.0	1.8	3.3	2.3	2.9	1.3	2.3
Self-inflicted	1.4	2.0	2.2	2.0	3.4	1.7	3.1	1.4
Struck by/against an object or person	35.1	44.3	41.4	34.8	32.6	26.0	28.5	30.9
Unintentional	25.3	37.2	32.1	27.2	24.9	19.1	20.4	21.3
Assault	9.7	6.9	9.2	7.5	7.7	6.6	7.9	9.0

— Not available.

[a] Any emergency department visit where there is a valid first-listed injury diagnosis code or a valid first-listed external cause code.

[b] In 2009–2010, some 91 percent of injury-related emergency department visits were an initial visit.

[c] Data for 2001–2010 include initial visits only. Initial visit status was imputed in 2005–2006.

[d] Falls, motor vehicle traffic, natural or environmental factors, and overexertion were unintentional for 99 to 100 percent of the visits.

[e] Insect or animal bites accounted for the majority of emergency department visits caused by natural or environmental factors.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

Table PHY8.B

Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,[a] and all causes and all injury causes,[b] selected years 1980–2011

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1985	1990	1995	2000	2005[c]	2006[c]	2007[c]	2008[c]	2009[c]	2010	2011[d]
Total (all races)												
All causes	97.9	80.5	88.4	82.1	67.1	63.8	63.0	60.3	55.9	51.9	49.4	48.9
All injuries	78.1	62.8	71.4	65.0	51.6	48.7	49.2	47.1	42.4	38.5	37.1	36.0
Unintentional injuries	57.8	43.7	42.4	36.0	33.4	30.8	30.5	29.4	24.9	21.7	20.6	19.6
Homicide	10.5	8.4	16.9	17.8	9.5	9.7	10.5	10.1	9.4	8.6	8.3	7.7
Suicide	8.5	9.9	11.1	10.3	8.0	7.5	7.1	6.7	7.2	7.5	7.5	8.1
Leading mechanisms of injury												
Motor vehicle traffic	42.3	33.1	33.0	27.8	25.3	22.5	22.1	20.8	16.7	14.6	13.1	//
All firearm	14.7	13.3	23.5	24.1	12.9	12.2	12.9	12.1	11.7	11.1	10.6	10.5
Firearm homicide	7.0	5.7	14.0	15.3	7.7	8.1	8.9	8.6	8.0	7.3	7.1	//
Firearm suicide	5.4	6.0	7.5	6.9	4.4	3.4	3.2	2.9	3.1	3.3	3.0	//
Male												
White, non-Hispanic												
All causes	—	105.1	105.7	96.3	86.1	82.2	79.3	77.5	73.7	65.9	63.9	//
All injuries	—	86.2	87.5	77.5	69.4	64.9	64.4	63.4	58.7	51.6	50.5	//
Unintentional injuries	—	64.1	62.6	51.8	50.0	46.2	46.0	46.0	40.3	33.6	32.6	//
Homicide	—	5.2	5.6	5.8	3.5	3.5	3.4	3.4	3.6	2.9	2.4	//
Suicide	—	16.0	20.4	18.6	14.8	14.0	13.3	12.5	13.5	14.1	14.2	//
Leading mechanisms of injury												
Motor vehicle traffic	—	47.6	46.9	38.6	36.7	31.5	30.8	30.4	24.3	20.4	19.3	//
All firearm	—	17.0	20.4	20.0	12.3	10.6	10.3	8.9	10.3	10.3	9.4	//
Firearm homicide	—	3.7	3.9	4.5	2.5	2.5	2.6	2.5	2.6	2.2	1.7	//
Firearm suicide	—	10.5	13.3	12.7	8.6	7.2	6.8	5.7	6.9	7.5	6.9	//
Black												
All causes	134.5	125.5	199.9	200.1	130.1	122.9	125.6	122.0	113.1	100.3	102.5	96.8
All injuries	105.3	96.7	174.1	169.4	103.0	97.8	103.3	101.5	91.7	79.5	82.6	77.9
Unintentional injuries	49.1	40.7	45.6	44.2	34.5	31.4	31.8	29.1	25.0	20.9	22.8	22.0
Homicide	47.7	45.9	114.9	108.4	57.2	57.9	63.6	63.9	56.9	50.5	51.7	48.4
Suicide	5.6	8.2	11.5	13.6	9.5	7.0	6.7	6.5	8.1	6.5	6.8	6.6
Leading mechanisms of injury												
Motor vehicle traffic	24.3	21.9	28.6	28.6	22.5	21.4	20.4	19.7	16.4	13.3	14.1	//
All firearm	46.7	46.5	119.8	118.9	61.5	59.4	65.5	66.9	59.0	52.4	52.7	49.0
Firearm homicide	38.4	36.6	105.2	101.4	51.7	53.0	58.4	59.8	52.8	47.1	48.0	//
Firearm suicide	3.4	5.4	8.8	10.5	6.9	4.2	4.0	4.0	4.4	3.2	3.1	//
American Indian or Alaskan Native												
All causes	248.3	167.5	183.7	147.8	122.2	99.1	103.8	94.1	88.0	94.0	87.1	78.8
All injuries	222.7	148.4	157.2	133.5	108.5	85.9	92.1	79.1	76.4	80.6	76.7	//
Unintentional injuries	161.2	89.9	96.6	75.3	70.0	53.4	51.6	47.0	40.5	44.3	40.1	//
Homicide	*	*	*	30.5	14.4	11.0	13.8	*	*	10.4	11.9	//
Suicide	40.6	36.0	36.6	37.0	23.3	20.4	25.0	20.2	25.8	23.9	24.3	//
Leading mechanisms of injury												
Motor vehicle traffic	107.9	66.3	63.3	52.9	47.4	31.4	39.4	33.1	23.8	23.4	23.3	//
All firearm	40.6	29.2	29.6	43.9	22.0	19.8	21.3	15.5	16.7	17.4	19.3	//
Firearm homicide	*	*	*	19.7	*	*	*	*	*	*	*	//
Firearm suicide	26.7	*	*	*	*	*	11.2	*	*	9.9	*	//

See notes at end of table.

Table PHY8.B (cont.) **Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,[a] and all causes and all injury causes,[b] selected years 1980–2011**

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1985	1990	1995	2000	2005[c]	2006[c]	2007[c]	2008[c]	2009[c]	2010	2011[d]
Male—continued												
Asian or Pacific Islander												
All causes	69.1	57.8	73.1	65.2	51.0	41.9	45.7	39.9	33.5	31.5	29.3	27.9
All injuries	53.5	47.4	62.3	51.9	39.1	31.1	36.4	31.2	23.6	19.5	20.8	//
Unintentional injuries	38.6	31.0	35.1	20.0	23.3	19.0	18.2	18.1	13.9	10.8	11.2	//
Homicide	*	*	14.8	20.5	7.5	7.1	10.2	4.8	4.7	*	*	//
Suicide	*	10.1	12.0	9.4	8.1	4.4	7.6	7.7	4.7	6.4	6.3	//
Leading mechanisms of injury												
Motor vehicle traffic	25.5	21.0	24.1	14.4	14.7	12.3	12.1	12.5	10.8	6.6	7.2	//
All firearm	*	9.2	22.2	26.9	8.8	8.6	11.5	6.3	5.2	*	4.3	//
Firearm homicide	*	*	12.6	18.6	5.7	6.3	8.9	3.8	3.8	*	*	//
Firearm suicide	*	*	8.3	6.1	*	*	*	*	*	*	*	//
Hispanic												
All causes	—	121.3	131.4	125.6	90.5	89.0	88.7	77.8	68.0	66.7	61.2	//
All injuries	—	103.7	115.9	110.0	75.9	73.8	73.3	64.9	54.7	53.4	48.2	//
Unintentional injuries	—	59.4	54.7	41.4	40.8	39.2	39.6	33.1	27.2	25.0	21.7	//
Homicide	—	30.6	49.7	53.5	25.7	25.1	25.3	22.0	19.7	19.8	17.9	//
Suicide	—	11.9	11.0	13.6	8.5	8.6	7.1	8.4	6.9	8.2	8.1	//
Leading mechanisms of injury												
Motor vehicle traffic	—	42.8	40.7	29.2	29.4	28.9	29.8	22.4	18.7	17.8	13.9	//
All firearm	—	31.2	51.7	60.4	27.9	26.7	27.0	23.2	20.4	19.8	17.8	//
Firearm homicide	—	20.9	39.7	47.3	21.9	21.8	21.7	18.1	16.7	16.4	14.6	//
Firearm suicide	—	6.7	8.6	9.2	4.6	3.5	3.7	3.8	3.0	3.1	2.8	//
Female												
White, non-Hispanic												
All causes	—	46.4	44.2	44.2	41.0	37.7	38.2	37.8	33.1	32.0	30.1	//
All injuries	—	33.7	32.3	32.2	29.3	27.1	28.0	27.7	23.4	21.7	20.4	//
Unintentional injuries	—	25.9	25.8	25.5	24.0	21.8	22.7	22.7	18.5	16.2	15.3	//
Homicide	—	2.9	2.8	3.3	1.9	1.5	1.7	1.8	1.3	1.4	1.2	//
Suicide	—	4.4	4.0	3.2	3.0	3.3	3.0	2.9	3.1	3.5	3.5	//
Leading mechanisms of injury												
Motor vehicle traffic	—	22.5	22.6	22.9	20.8	18.0	18.3	18.1	14.3	12.7	11.0	//
All firearm	—	3.8	3.9	3.7	2.2	1.9	1.7	1.9	1.5	1.8	1.7	//
Firearm homicide	—	1.1	1.3	1.7	0.9	0.9	0.9	1.1	0.7	0.8	0.7	//
Firearm suicide	—	2.2	2.2	1.8	1.2	1.0	0.7	0.7	0.7	0.9	0.9	//
Black												
All causes	50.3	44.6	54.4	55.1	43.7	37.6	36.1	35.7	36.6	33.8	30.5	31.7
All injuries	25.5	22.9	30.8	31.9	22.5	20.1	18.7	18.6	18.7	17.9	15.8	16.7
Unintentional injuries	12.0	10.7	13.2	13.0	12.7	12.3	9.8	10.7	9.2	9.6	7.8	8.0
Homicide	11.0	10.3	15.6	16.1	8.4	6.1	7.6	6.6	7.3	6.3	6.8	6.4
Suicide	1.6	1.5	1.9	2.3	1.4	1.4	1.2	1.2	2.0	1.8	1.1	2.0
Leading mechanisms of injury												
Motor vehicle traffic	6.6	7.5	9.7	10.5	10.0	10.2	8.1	8.6	7.0	7.6	5.2	//
All firearm	7.5	6.1	12.1	13.9	5.7	4.8	5.8	5.2	6.0	5.0	5.3	6.1
Firearm homicide	6.2	5.0	10.4	12.1	4.9	4.3	5.3	4.8	5.6	4.5	5.2	//
Firearm suicide	*	*	*	1.6	*	*	*	*	*	*	*	//

See notes at end of table.

Table PHY8.B (cont.) **Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,[a] and all causes and all injury causes,[b] selected years 1980–2011**

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1985	1990	1995	2000	2005[c]	2006[c]	2007[c]	2008[c]	2009[c]	2010	2011[d]
Female—continued												
American Indian or Alaskan Native												
All causes	77.4	69.9	73.1	56.3	52.8	60.1	54.5	45.7	48.3	42.6	34.5	40.9
All injuries	64.3	56.8	61.1	43.2	44.9	46.5	40.3	33.6	36.5	34.2	27.2	//
Unintentional injuries	53.6	40.3	44.5	33.8	34.0	26.5	28.9	23.1	22.0	21.6	15.2	//
Homicide	*	*	*	*	*	*	*	*	*	*	*	//
Suicide	*	*	*	*	*	13.0	*	*	*	*	11.0	//
Leading mechanisms of injury												
Motor vehicle traffic	41.7	29.6	34.9	27.2	26.8	22.4	24.4	19.3	18.8	17.3	11.5	//
All firearm	*	*	*	*	*	*	*	*	*	*	*	//
Firearm homicide	*	*	*	*	*	*	*	*	*	*	*	//
Firearm suicide	*	*	*	*	*	*	*	*	*	*	*	//
Asian or Pacific Islander												
All causes	26.7	32.1	25.8	28.1	20.6	19.4	21.1	17.0	14.7	16.4	15.9	14.6
All injuries	16.7	19.3	18.2	19.4	11.9	12.6	13.1	10.0	8.6	9.3	9.1	//
Unintentional injuries	*	11.0	11.2	13.3	7.3	8.1	8.6	7.2	4.9	5.2	5.2	//
Homicide	*	*	*	*	*	*	*	*	*	*	*	//
Suicide	*	*	*	*	*	*	*	*	*	3.6	*	//
Leading mechanisms of injury												
Motor vehicle traffic	*	*	10.9	12.5	5.5	6.3	7.8	5.5	4.0	*	*	//
All firearm	*	*	*	*	*	*	*	*	*	*	*	//
Firearm homicide	*	*	*	*	*	*	*	*	*	*	*	//
Firearm suicide	*	*	*	*	*	*	*	*	*	*	*	//
Hispanic												
All causes	—	33.6	35.2	35.5	28.7	31.5	28.4	25.1	25.0	25.6	20.4	//
All injuries	—	20.7	22.7	23.1	18.4	20.7	18.4	15.7	14.9	15.0	13.7	//
Unintentional injuries	—	14.4	12.2	13.9	13.1	15.5	12.8	11.2	9.4	9.6	8.6	//
Homicide	—	3.8	7.2	6.5	2.8	2.7	2.8	2.5	3.1	2.6	2.1	//
Suicide	—	*	3.2	2.6	2.4	2.2	2.7	1.7	2.3	2.5	2.9	//
Leading mechanisms of injury												
Motor vehicle traffic	—	10.7	10.4	12.1	10.7	13.3	10.8	9.0	7.4	7.4	6.7	//
All firearm	—	4.5	6.8	5.7	2.7	2.0	2.2	2.3	2.5	2.2	2.0	//
Firearm homicide	—	*	4.9	4.6	2.0	1.5	1.9	1.9	2.2	1.7	1.4	//
Firearm suicide	—	*	*	*	*	*	*	*	*	*	*	//

— Not available.

// Not available at time of publication.

* Number of deaths too few to calculate a reliable rate.

[a] The 1977 Office of Management and Budget (OMB) standards for data on race and ethnicity were used to classify persons into one of the following three racial groups: White, Black, or Asian or Pacific Islander. Death rates for American Indians or Alaskan Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates and American Indians are underreported on the death certificate. CA, HI, ID, ME, MT, NY, and WI reported multiple-race data in 2003. In 2004, the following states began to report multiple-race data: MI, MN, NH, NJ, OK, SD, WA, and WY. In 2005, the following states began to report multiple-race data: CT, FL, KS, NE, SC, UT, and DC (mid-year). In 2006, NM, OR, RI, and TX began to report multiple-race data. In 2007, DE and OH began to report multiple-race data. In 2008, AR, GA, IL, IN, NV, ND, and VT began to report multiple-race data. In 2010, AZ, KY, and MO began to report multiple-race data. In 2011, IA began to report multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states, rather than following the revised 1997 OMB standards for a select group of states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

[b] Cause-of-death information for 1980–1998 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999–2011 is classified according to the Tenth Revision of the International Classification of Diseases.

[c] Rates for 2001–2009 are revised and may differ from rates previously published.

[d] Number of deaths are based on weighted data rounded to the nearest individual. Data are based on death records comprising more than 98 percent of preliminary files for 2011. The death rates for 2011 were obtained from preliminary death records from the National Vital Statistics System. Caution should be taken in interpreting injury death rates based on preliminary data, as these tend to be underestimated. See *Deaths: Preliminary data for 2011,* http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

Table BEH1 **Regular cigarette smoking: Percentage of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the past 30 days by grade, gender, and race and Hispanic origin, selected years 1980–2012**

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012
8th grade													
Total	—	—	—	9.3	7.4	4.0	4.0	3.0	3.1	2.7	2.9	2.4	1.9
Gender													
Male	—	—	—	9.2	7.0	3.9	4.0	3.4	3.2	2.9	3.5	2.5	2.0
Female	—	—	—	9.2	7.5	4.0	3.8	2.6	2.9	2.3	2.3	2.2	1.6
Race and Hispanic origin[a]													
White, non-Hispanic	—	—	—	10.5	9.0	4.6	4.6	3.9	3.3	3.2	3.2	3.0	2.4
Black, non-Hispanic	—	—	—	2.8	3.2	2.1	1.9	2.1	1.9	2.0	1.9	1.5	1.6
Hispanic	—	—	—	9.2	7.1	3.1	2.8	2.8	2.5	2.2	2.3	2.4	1.8
10th grade													
Total	—	—	—	16.3	14.0	7.5	7.6	7.2	*	6.3	6.6	5.5	5.0
Gender													
Male	—	—	—	16.3	13.7	7.2	6.9	7.7	*	6.9	7.2	6.4	5.6
Female	—	—	—	16.1	14.1	7.7	8.1	6.6	*	5.6	5.9	4.5	4.4
Race and Hispanic origin[a]													
White, non-Hispanic	—	—	—	17.6	17.7	9.1	8.7	8.8	*	7.1	7.4	7.1	6.2
Black, non-Hispanic	—	—	—	4.7	5.2	3.9	3.3	3.2	*	3.2	3.5	3.5	2.9
Hispanic	—	—	—	9.9	8.8	5.9	5.3	3.8	*	4.5	4.4	3.8	3.0
12th grade													
Total	21.3	19.5	19.1	21.6	20.6	13.6	12.2	12.3	11.4	11.2	10.7	10.3	9.3
Gender													
Male	18.5	17.8	18.6	21.7	20.9	14.6	12.0	13.0	12.0	11.8	12.3	11.6	10.9
Female	23.5	20.6	19.3	20.8	19.7	11.9	11.8	11.2	10.6	9.9	8.7	8.6	7.3
Race and Hispanic origin[a]													
White, non-Hispanic	23.9	20.4	21.8	23.9	25.7	17.1	15.3	14.5	14.3	13.9	13.5	13.0	12.1
Black, non-Hispanic	17.4	9.9	5.8	6.1	8.0	5.6	5.7	5.8	5.8	5.4	5.3	4.9	4.7
Hispanic	12.8	11.8	10.9	11.6	15.7	7.7	7.0	6.6	6.7	6.4	5.7	5.3	4.9

— Not available.

* Data for 10th-graders for 2008 are not included because estimates are considered to be unreliable due to sampling error. See http://www.monitoringthefuture.org/data/09data.html#2009data-drugs.

[a] A 2-year moving average is presented, based on data from the year indicated and the previous year. For data before 2005, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2006 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. In 2005, half of the sample received the earlier version of the question and half received the later one, and their data were combined. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2006, those in each racial category represent those reporting only one race. Data from 2006 onward are not directly comparable with data from earlier years. Hispanics may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., Bachman, J.G., and Schulenberg, J.E. (2013). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2012.* Ann Arbor: Institute for Social Research, The University of Michigan.

Table BEH2 **Alcohol use: 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, gender, and race and Hispanic origin, selected years 1980–2012**

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012
8th grade													
Total	—	—	—	12.3	11.7	8.4	8.7	8.3	8.1	7.8	7.2	6.4	5.1
Gender													
Male	—	—	—	12.5	11.7	8.2	8.6	8.2	8.1	7.8	6.5	6.1	4.6
Female	—	—	—	12.1	11.3	8.6	8.5	8.2	8.0	7.7	7.8	6.5	5.5
Race and Hispanic origin[a]													
White, non-Hispanic	—	—	—	12.1	13.0	9.0	8.4	8.0	7.8	7.7	7.1	6.2	4.9
Black, non-Hispanic	—	—	—	8.3	7.3	6.1	5.7	5.6	5.7	5.2	5.3	5.1	4.3
Hispanic	—	—	—	18.4	16.0	12.1	11.6	12.5	12.3	11.5	10.8	10.4	9.9
10th grade													
Total	—	—	—	22.0	24.1	19.0	19.9	19.6	*	17.5	16.3	14.7	15.6
Gender													
Male	—	—	—	24.1	27.6	19.9	21.0	20.9	*	18.8	17.9	16.5	16.4
Female	—	—	—	19.7	20.6	17.9	18.9	18.3	*	16.1	14.6	12.7	14.8
Race and Hispanic origin[a]													
White, non-Hispanic	—	—	—	23.8	26.2	21.8	21.7	21.8	*	17.9	17.2	16.1	16.3
Black, non-Hispanic	—	—	—	11.1	10.8	9.1	9.1	10.0	*	9.8	10.7	9.4	8.2
Hispanic	—	—	—	23.3	25.1	22.4	21.2	20.1	*	20.6	22.2	19.7	17.1
12th grade													
Total	41.2	36.7	32.2	29.8	30.0	27.1	25.4	25.9	24.6	25.2	23.2	21.6	23.7
Gender													
Male	52.1	45.3	39.1	36.9	36.7	32.6	28.9	30.7	28.4	30.5	28.0	25.5	27.2
Female	30.5	28.2	24.4	23.0	23.5	21.6	21.5	21.5	21.3	20.2	18.4	17.6	19.7
Race and Hispanic origin[a]													
White, non-Hispanic	44.3	41.5	36.6	32.3	34.6	32.5	30.4	29.7	29.9	29.0	27.6	25.9	25.7
Black, non-Hispanic	17.7	15.7	14.4	14.9	11.5	11.3	11.4	11.5	10.9	12.0	13.1	11.3	11.3
Hispanic	33.1	31.7	25.6	26.6	31.0	23.9	23.3	22.5	21.5	22.6	22.1	20.8	21.8

— Not available.

* Data for 10th-graders for 2008 are not included because estimates are considered to be unreliable due to sampling error. See http://www.monitoringthefuture.org/data/09data.html#2009data-drugs.

[a] A 2-year moving average is presented, based on data from the year indicated and the previous year. For data before 2005, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2006 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. In 2005, half of the sample received the earlier version of the question and half received the later one, and their data were combined. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2006, those in each racial category represent those reporting only one race. Data from 2006 onward are not directly comparable with data from earlier years. Hispanics may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., Bachman, J.G., and Schulenberg, J.E. (2013). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2012.* Ann Arbor: Institute for Social Research, The University of Michigan.

Table BEH3 **Illicit drug use: Percentage of 8th-, 10th-, and 12th-grade students who reported using illicit drugs in the past 30 days by grade, gender, and race and Hispanic origin, selected years 1980–2012**

Characteristic	1980[a]	1985	1990	1995	2000	2005	2010	2011	2012
8th grade									
Total	—	—	—	12.4	11.9	8.5	9.5	8.5	7.7
Gender									
Male	—	—	—	12.7	12.0	8.8	10.3	9.3	7.8
Female	—	—	—	11.9	11.3	8.1	8.6	7.3	7.3
Race and Hispanic origin[b]									
White, non-Hispanic	—	—	—	18.9	11.2	7.7	7.9	7.8	6.5
Black, non-Hispanic	—	—	—	9.1	10.8	9.3	8.9	8.9	8.4
Hispanic	—	—	—	16.7	15.2	11.0	10.8	11.9	11.8
10th grade									
Total	—	—	—	20.2	22.5	17.3	18.5	19.2	18.6
Gender									
Male	—	—	—	21.1	25.4	18.3	21.8	22.2	21.2
Female	—	—	—	19.0	19.5	16.1	15.1	16.3	16.1
Race and Hispanic origin[b]									
White, non-Hispanic	—	—	—	19.7	23.0	18.2	17.7	18.2	18.3
Black, non-Hispanic	—	—	—	15.5	17.0	16.4	16.8	19.0	19.9
Hispanic	—	—	—	20.6	23.7	19.3	19.7	20.1	20.6
12th grade									
Total	37.2	29.7	17.2	23.8	24.9	23.1	23.8	25.2	25.2
Gender									
Male	39.6	32.1	18.9	26.8	27.5	26.7	27.5	29.0	28.6
Female	34.3	26.7	15.2	20.4	22.1	19.3	19.6	21.1	21.2
Race and Hispanic origin[b]									
White, non-Hispanic	38.8	30.2	20.5	23.8	25.9	25.3	24.3	25.0	25.3
Black, non-Hispanic	28.8	22.9	9.0	18.3	20.3	16.1	21.6	22.6	23.7
Hispanic	33.1	27.2	13.9	21.4	27.4	19.6	20.2	21.6	24.0

— Not available.

[a] Beginning in 1982, the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of nonprescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

[b] A 2-year moving average is presented, based on data from the year indicated and the previous year. For data before 2005, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2006 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. In 2005, half of the sample received the earlier version of the question and half received the later one, and their data were combined. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2006, those in each racial category represent those reporting only one race. Data from 2006 onward are not directly comparable with data from earlier years. Hispanics may be of any race.

NOTE: Use of "any illicit drug" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other narcotics, amphetamines, barbiturates, or tranquilizers not under a doctor's orders. For 8th- and 10th-graders, the use of other narcotics and barbiturates has been excluded because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

SOURCE: Johnston, L.D., O'Malley, P.M., Bachman, J.G., and Schulenberg, J.E. (2013). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2012.* Ann Arbor: Institute for Social Research, The University of Michigan.

Table BEH4.A **Sexual activity: Percentage of high school students who reported ever having had sexual intercourse by gender, race and Hispanic origin, and grade, selected years 1991–2011**

Characteristic	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011
Total	54.1	53.0	53.1	48.4	49.9	45.6	46.7	46.8	47.8	46.0	47.4
Gender											
Male	57.4	55.6	54.0	48.9	52.2	48.5	48.0	47.9	49.8	46.1	49.2
Female	50.8	50.2	52.1	47.7	47.7	42.9	45.3	45.7	45.9	45.7	45.6
Race and Hispanic origin[a]											
White, non-Hispanic	50.0	48.4	48.9	43.6	45.1	43.2	41.8	43.0	43.7	42.0	44.3
Black, non-Hispanic	81.5	79.7	73.4	72.7	71.2	60.8	67.3	67.6	66.5	65.2	60.0
Hispanic	53.1	56.0	57.6	52.2	54.1	48.4	51.4	51.0	52.0	49.1	48.6
Other[b]	43.8	43.4	45.9	45.3	45.6	40.1	41.6	36.4	35.2	37.8	46.3
Grade											
9th grade	39.0	37.7	36.9	38.0	38.6	34.4	32.8	34.3	32.8	31.6	32.9
10th grade	48.2	46.1	48.0	42.5	46.8	40.8	44.1	42.8	43.8	40.9	43.8
11th grade	62.4	57.5	58.6	49.7	52.5	51.9	53.2	51.4	55.5	53.0	53.2
12th grade	66.7	68.3	66.4	60.9	64.9	60.5	61.6	63.1	64.6	62.3	63.1

[a] From 1991 to 2003, the 1977 Office of Management and Budget (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. In each survey, a single-question format (approved by OMB) was used to ask about both race and ethnicity. In 2005, the national Youth Risk Behavior Survey (YRBS) applied OMB's 1997 revision to the 1977 directive and began asking about race and ethnicity in a two-question format (a methodological study[1] has been conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey). In addition, note that data on race and Hispanic origin are collected separately, but are combined for reporting. Regardless of question format, the data have been combined to create the following standard categories—White, non-Hispanic, Black, non-Hispanic, and Hispanic. Estimates are not shown separately for American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races due to the small sample size for each of these groups.

[b] Students were coded as "Other" if they (1) did not self-report as Hispanic, and (2) selected "American Indian or Alaska Native," "Asian," and/or "Native Hawaiian or Other Pacific Islander," or selected more than one response to a question on race.

NOTE: Data are based on the student's response to the question, "Have you ever had sexual intercourse?"

SOURCE: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Youth Risk Behavior Surveillance System.

[1] Brener, N.D., Kann, L., and McManus, T. (2003). A comparison of two survey questions on race and ethnicity among high school students. *Public Opinion Quarterly, 67,* 227–236.

Table BEH4.B

Sexual activity: Among those who reported having had sexual intercourse during the past 3 months, the percentage of high school students who reported use of birth control pills to prevent pregnancy before the last sexual intercourse by gender, race and Hispanic origin, and grade, selected years 1991–2011

Characteristic	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011
Total	20.8	18.4	17.4	16.6	16.2	18.2	17.0	17.6	16.0	19.8	18.0
Gender											
Male	16.5	14.7	14.3	13.0	11.8	14.9	13.1	14.6	13.1	16.5	13.4
Female	25.0	22.3	20.4	20.5	20.4	21.1	20.6	20.6	18.7	23.0	22.6
Race and Hispanic origin[a]											
White, non-Hispanic	23.4	20.4	21.3	20.6	21.0	23.4	22.3	22.3	20.8	26.8	24.0
Black, non-Hispanic	16.8	15.1	10.2	11.9	7.7	7.9	7.9	10.0	9.1	8.1	10.1
Hispanic	13.2	12.4	11.4	9.5	7.8	9.6	11.2	9.8	9.1	10.8	10.6
Other[b]	17.2	16.4	9.9	11.0	14.2	10.7	13.5	13.2	14.0	17.9	10.2
Grade											
9th grade	9.1	9.0	10.9	7.8	12.0	7.6	8.7	7.5	8.7	10.2	9.4
10th grade	18.3	13.7	12.2	12.0	9.3	15.8	12.7	14.3	11.6	14.7	14.9
11th grade	21.1	16.8	15.4	15.6	15.3	18.6	19.6	18.5	15.0	20.7	17.5
12th grade	27.0	25.8	25.0	24.0	24.9	26.3	22.6	25.6	23.5	27.6	25.1

[a] From 1991 to 2003, the 1977 Office of Management and Budget (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. In each survey, a single-question format (approved by OMB) was used to ask about both race and ethnicity. In 2005, the national Youth Risk Behavior Survey (YRBS) applied OMB's 1997 revision to the 1977 directive and began asking about race and ethnicity in a two-question format (a methodological study[1] has been conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey). In addition, note that data on race and Hispanic origin are collected separately, but are combined for reporting. Regardless of question format, the data have been combined to create the following standard categories—White, non-Hispanic, Black, non-Hispanic, and Hispanic. Estimates are not shown separately for American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races due to the small sample size for each of these groups.

[b] Students were coded as "Other" if they (1) did not self-report as Hispanic, and (2) selected "American Indian or Alaska Native," "Asian," and/or "Native Hawaiian or Other Pacific Islander," or selected more than one response to a question on race.

NOTE: Data for birth control pill use are based on the student's response to the question, "The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?"; "Birth control pills" was one option, in addition to "I have never had sexual intercourse," "No method was used to prevent pregnancy," "Condoms," "Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD," "Withdrawal," "Some other method," and "Not sure."

SOURCE: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Youth Risk Behavior Surveillance System.

[1] Brener, N.D., Kann, L., and McManus, T. (2003). A comparison of two survey questions on race and ethnicity among high school students. *Public Opinion Quarterly, 67,* 227–236.

Table BEH4.C

Sexual activity: Among those who reported having had sexual intercourse during the past 3 months, the percentage of high school students who reported condom use during the last sexual intercourse by gender, race and Hispanic origin, and grade, selected years 1991–2011

Characteristic	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011
Total	46.2	52.8	54.4	56.8	58.0	57.9	63.0	62.8	61.5	61.1	60.2
Gender											
Male	54.5	59.2	60.5	62.5	65.5	65.1	68.8	70.0	68.5	68.6	67.0
Female	38.0	46.0	48.6	50.8	50.7	51.3	57.4	55.9	54.9	53.9	53.6
Race and Hispanic origin[a]											
White, non-Hispanic	46.5	52.3	52.5	55.8	55.0	56.8	62.5	62.6	59.7	63.3	59.5
Black, non-Hispanic	48.0	56.5	66.1	64.0	70.0	67.1	72.8	68.9	67.3	62.4	65.3
Hispanic	37.4	46.1	44.4	48.3	55.2	53.5	57.4	57.7	61.4	54.9	58.4
Other[b]	49.3	55.6	54.2	57.0	55.9	54.0	57.7	58.9	61.5	57.1	59.7
Grade											
9th grade	53.3	61.6	62.9	58.8	66.6	67.5	69.0	74.5	69.3	64.0	62.2
10th grade	46.3	54.7	59.7	58.9	62.6	60.1	69.0	65.3	66.1	67.8	63.3
11th grade	48.7	55.3	52.3	60.1	59.2	58.9	60.8	61.7	62.0	61.4	61.1
12th grade	41.4	46.5	49.5	52.4	47.9	49.3	57.4	55.4	54.2	55.0	56.3

[a] From 1991 to 2003, the 1977 Office of Management and Budget (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. In each survey, a single-question format (approved by OMB) was used to ask about both race and ethnicity. In 2005, the national Youth Risk Behavior Survey (YRBS) applied OMB's 1997 revision to the 1977 directive and began asking about race and ethnicity in a two-question format (a methodological study[1] has been conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey). In addition, note that data on race and Hispanic origin are collected separately, but are combined for reporting. Regardless of question format, the data have been combined to create the following standard categories—White, non-Hispanic, Black, non-Hispanic, and Hispanic. Estimates are not shown separately for American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races due to the small sample size for each of these groups.

[b] Students were coded as "Other" if they (1) did not self-report as Hispanic, and (2) selected "American Indian or Alaska Native," "Asian," and/or "Native Hawaiian or Other Pacific Islander," or selected more than one response to a question on race.

NOTE: Data for condom use are based on the student's reponse to the question, "The last time you had sexual intercourse, did you or your partner use a condom?"

SOURCE: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Youth Risk Behavior Surveillance System.

[1] Brener, N.D., Kann, L., and McManus, T. (2003). A comparison of two survey questions on race and ethnicity among high school students. *Public Opinion Quarterly, 67,* 227–236.

Table BEH5

Youth perpetrators of serious violent crimes: Rate and number of serious violent crimes by youth ages 12–17, selected years 1980–2011

Characteristic	1980	1985	1990	1995	2000	2005	2006[a]	2007	2008	2009	2010	2011[b]
Rate per 1,000 youth ages 12–17												
Total	34.9	30.2	39.1	36.3	17.2	17.1	17.4	10.9	13.7	11.2	9.5	6.3
Number of serious violent crimes												
Total (in millions)	3.8	3.4	3.5	3.3	2.2	1.8	2.3	1.6	1.5	1.5	1.3	1.6
Number involving youth ages 12–17 (in thousands)	812	652	785	811	412	435	443	277	343	276	231	154
Percentage involving youth ages 12–17	21.3	19.4	22.4	24.7	18.9	23.9	19.6	17.1	22.3	18.9	17.7	9.9
Percentage of juvenile crimes involving multiple offenders	61.4	61.4	61.1	54.5	58.7	50.0	44.4	56.0	42.4	58.2	51.6	58.0

[a] Due to methodological changes in the 2006 National Crime Victimization Survey (NCVS), use caution when comparing 2006 criminal perpetration estimates to those for other years. See *Criminal Victimization, 2007,* http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=764, for more information.

[b] Homicide data were not available for 2011 at the time of publication. The number of homicides for 2010 is included in the overall total for 2011. In 2010, homicides represented about 1 percent of serious violent crime and the total number of homicides by juveniles has been relatively stable over the last decade.

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 12–17 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. Estimates may vary from previous publications due to updating of more recent homicide numbers.

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

Table ED1

Family reading to young children: Percentage of children ages 3–5[a] who were read to 3 or more times in the last week by a family member by child and family characteristics, selected years 1993–2007

Characteristic	1993	1995	1996	1999	2001	2005	2007
Total	78.3	83.7	82.5	81.7	84.1	85.7	83.3
Gender							
Male	77.4	83.3	81.5	81.0	82.1	84.7	80.9
Female	79.2	84.1	83.6	82.4	86.1	86.8	85.7
Race and Hispanic origin[b]							
White, non-Hispanic	84.8	89.6	88.9	88.9	89.4	91.9	90.6
Black, non-Hispanic	65.9	74.2	74.7	72.3	76.7	78.5	78.0
Asian or Pacific Islander, non-Hispanic	68.8	78.9	81.0	81.1	87.4	84.4	87.5
Hispanic	58.2	60.2	64.9	61.8	70.7	71.8	67.6
Poverty status							
Below 100% poverty	67.5	74.8	72.2	69.1	73.7	77.8	70.5
100–199% poverty	75.5	82.3	79.0	79.5	80.6	82.7	81.0
200% poverty and above	86.4	89.1	90.7	88.7	89.8	90.2	89.4
Family type							
Two parents[c]	81.1	85.2	86.4	84.9	86.7	86.5	84.8
Two parents, married	—	—	—	—	87.2	87.2	87.5
Two parents, unmarried	—	—	—	—	81.4	79.1	54.1
One parent	70.8	79.0	73.6	74.2	75.7	82.8	76.9
No parents	70.3	86.0	64.9	72.0	83.9	83.1	83.8
Mother's highest level of education[d]							
Less than high school	59.7	64.6	60.9	62.6	69.0	64.2	55.7
High school diploma or equivalent	75.5	79.1	79.0	77.0	80.8	82.4	73.7
Some college, including vocational/ technical/associate's degree	83.3	88.3	88.1	84.9	85.6	88.3	85.8
Bachelor's degree or higher	90.0	93.9	94.6	92.1	93.9	93.1	94.9
Mother's employment status[d]							
Worked 35 hours or more per week	77.9	81.2	82.0	80.7	83.5	83.2	81.4
Worked less than 35 hours per week	81.5	89.9	86.6	83.5	89.4	89.3	90.1
Looking for work	70.9	77.5	77.3	73.3	76.5	89.4	68.7
Not in labor force	78.9	83.4	82.0	83.9	83.1	85.1	83.4
Region[e]							
Northeast	82.4	85.7	85.4	85.5	85.1	89.1	85.8
South	75.0	82.0	80.5	79.3	83.0	82.7	82.3
Midwest	81.3	86.5	82.8	86.8	86.5	88.6	87.8
West	76.4	80.8	82.3	76.1	82.3	85.2	78.8

— Not available.

[a] Estimates are based on children who have yet to enter kindergarten.

[b] From 1993 to 2001, the 1977 Office of Management and Budget (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. For data from 2005 and 2007, the revised 1997 OMB standards were used. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. For 2005 and 2007, when separate reporting was possible, respondents who reported the child being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Included in the total but not shown separately are American Indian or Alaska Native respondents and respondents of two or more races. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[c] Refers to adults' relationship to child and does not indicate marital status.

[d] Children without mothers in the home are not included in estimates.

[e] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

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

Table ED2.A/B **Mathematics and reading achievement: Average mathematics scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1990–2011**

Characteristic	1990[a]	1992[a]	1996[a]	1996	2000	2003	2005	2007	2009	2011
4th-graders										
Total	213	220	224	224	226	235	238	240	240	241
Gender										
Male	214	221	226	224	227	236	239	241	241	241
Female	213	219	222	223	224	233	237	239	239	240
Race and Hispanic origin[b]										
White, non-Hispanic	220	227	231	232	234	243	246	248	248	249
Black, non-Hispanic	188	193	199	198	203	216	220	222	222	224
American Indian or Alaska Native, non-Hispanic	—	—	—	217	208	223	226	228	225	225
Asian or Pacific Islander, non-Hispanic	225	231	226	229	—	246	251	253	255	256
Asian, non-Hispanic[c]	—	—	—	—	—	—	—	—	—	257
Native Hawaiian/Pacific Islander, non-Hispanic	—	—	—	—	—	—	—	—	—	236
Hispanic	200	202	205	207	208	222	226	227	227	229
8th-graders										
Total	263	268	272	270	273	278	279	281	283	284
Gender										
Male	263	268	272	271	274	278	280	282	284	284
Female	262	269	272	269	272	277	278	280	282	283
Race and Hispanic origin[b]										
White, non-Hispanic	270	277	281	281	284	288	289	291	293	293
Black, non-Hispanic	237	237	242	240	244	252	255	260	261	262
American Indian or Alaska Native, non-Hispanic	—	—	—	—	259	263	264	264	266	265
Asian or Pacific Islander, non-Hispanic	275	290	—	—	288	291	295	297	301	303
Asian, non-Hispanic[c]	—	—	—	—	—	—	—	—	—	305
Native Hawaiian/Pacific Islander, non-Hispanic	—	—	—	—	—	—	—	—	—	269
Hispanic	246	249	251	251	253	259	262	265	266	270
Parents' education										
Less than high school	242	249	254	250	253	257	259	263	265	265
High school diploma or equivalent	255	257	261	260	261	267	267	270	270	271
Some education after high school	267	271	279	277	277	280	280	283	284	285
Bachelor's degree or higher	274	281	282	281	286	288	290	292	295	295

See notes at end of table.

Table ED2.A/B (cont.) **Mathematics and reading achievement: Average mathematics scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1990–2011**

Characteristic	1990[a]	1992[a]	1996[a]	1996	2000	2003	2005	2007	2009	2011
12th-graders										
Total	294	299	304	302	300	—	150[d]	—	153[d]	—
Gender										
Male	297	301	305	303	302	—	151[d]	—	155[d]	—
Female	291	298	303	300	299	—	149[d]	—	152[d]	—
Race and Hispanic origin[b]										
White, non-Hispanic	300	305	311	309	307	—	157[d]	—	161[d]	—
Black, non-Hispanic	268	275	280	275	273	—	127[d]	—	131[d]	—
American Indian or Alaska Native, non-Hispanic	—	—	284	—	294	—	134[d]	—	144[d]	—
Asian or Pacific Islander, non-Hispanic	311	312	312	305	315	—	163[d]	—	175[d]	—
Hispanic	276	286	287	284	282	—	133[d]	—	138[d]	—
Parents' education										
Less than high school	272	278	282	280	278	—	130[d]	—	135[d]	—
High school diploma or equivalent	283	288	294	290	287	—	138[d]	—	142[d]	—
Some education after high school	297	299	302	302	299	—	148[d]	—	150[d]	—
Bachelor's degree or higher	306	311	314	313	312	—	161[d]	—	164[d]	—

— Not available.

[a] Testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted.

[b] For data before 2003, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data from 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[c] For assessment years prior to 2011, Native Hawaiian/Pacific Islander students are included with Asian students.

[d] In 2003, 2007, and 2011, the mathematics assessment was not conducted at grade 12. The National Governing Board (NAGB) introduced changes in the National Assessment of Educational Progress (NAEP) mathematics framework in both the assessment content and administration for assessments beginning in 2005. In addition, the results of the revised assessment are placed on a scale of 0–300, unlike previous assessments, which were placed on a scale of 0–500. Thus, the 12th-grade assessment results from 2005 and 2009 cannot be compared with those of previous assessments.

NOTE: Included in the total but not shown separately are respondents who selected two or more races. Parents' education is the highest educational attainment of either parent. Data on parents' education are not reliable for 4th-graders.

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

Table ED2.C

Mathematics and reading achievement: Average reading scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1992–2011

Characteristic	1992[a]	1994[a]	1998[a]	1998	2000	2002	2003	2005	2007	2009	2011
4th-graders											
Total	217	214	217	215	213	219	218	219	221	221	221
Gender											
Male	213	209	214	212	208	215	215	216	218	218	218
Female	221	220	220	217	219	222	222	222	224	224	225
Race and Hispanic origin[b]											
White, non-Hispanic	224	224	226	225	224	229	229	229	231	230	231
Black, non-Hispanic	192	185	193	193	190	199	198	200	203	205	205
American Indian or Alaska Native, non-Hispanic	—	211	—	—	214	207	202	204	203	204	202
Asian or Pacific Islander, non-Hispanic	216	220	221	215	225	224	226	229	232	235	235
Asian	—	—	—	—	—	—	—	—	—	—	236
Native Hawaiian/Pacific Islander	—	—	—	—	—	—	—	—	—	—	216
Hispanic	197	188	195	193	190	201	200	203	205	205	206
8th-graders											
Total	260	260	264	263	—	264	263	262	263	264	265
Gender											
Male	254	252	257	256	—	260	258	257	258	259	261
Female	267	267	270	270	—	269	269	267	268	269	270
Race and Hispanic origin[b]											
White, non-Hispanic	267	267	271	270	—	272	272	271	272	273	274
Black, non-Hispanic	237	236	243	244	—	245	244	243	245	246	249
American Indian or Alaska Native, non-Hispanic	—	248	—	—	—	250	246	249	247	251	252
Asian or Pacific Islander, non-Hispanic	268	265	267	264	—	267	270	271	271	274	275
Asian	—	—	—	—	—	—	—	—	—	—	277
Native Hawaiian/Pacific Islander	—	—	—	—	—	—	—	—	—	—	254
Hispanic	241	243	245	243	—	247	245	246	247	249	252
Parents' education											
Less than high school	243	238	243	242	—	248	245	244	245	248	248
High school diploma or equivalent	251	252	254	254	—	257	254	252	253	254	254
Some education after high school	265	266	269	268	—	268	267	265	266	267	267
Bachelor's degree or higher	271	270	274	273	—	274	273	272	273	274	275

See notes at end of table.

Table ED2.C (cont.) **Mathematics and reading achievement: Average reading scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1992–2011**

Characteristic	1992[a]	1994[a]	1998[a]	1998	2000	2002	2003	2005	2007	2009	2011
12th-graders											
Total	292	287	291	290	—	287	—	286	—	288	—
Gender											
Male	287	280	283	282	—	279	—	279	—	282	—
Female	297	294	298	298	—	295	—	292	—	294	—
Race and Hispanic origin[b]											
White, non-Hispanic	297	293	297	297	—	292	—	293	—	296	—
Black, non-Hispanic	273	265	271	269	—	267	—	267	—	269	—
American Indian or Alaska Native, non-Hispanic	—	274	—	—	—	—	—	279	—	283	—
Asian or Pacific Islander, non-Hispanic	290	278	288	287	—	286	—	287	—	298	—
Hispanic	279	270	276	275	—	273	—	272	—	274	—
Parents' education											
Less than high school	275	266	268	268	—	268	—	268	—	269	—
High school diploma or equivalent	283	277	280	279	—	278	—	274	—	276	—
Some education after high school	294	289	292	291	—	289	—	287	—	287	—
Bachelor's degree or higher	301	298	301	300	—	296	—	297	—	299	—

— Not available.

[a] Testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted.

[b] For data before 2003, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data from 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: In 2000, the assessment was only conducted at grade 4. In 2003, 2007, and 2011, the assessment was only conducted at grades 4 and 8. Included in the total but not shown separately are respondents who selected two or more races. Parents' education is the highest educational attainment of either parent. Data on parents' education are not reliable for 4th-graders.

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

Table ED3.A

High school academic coursetaking: Percentage of high school graduates who took selected mathematics courses in high school, selected years 1982–2009

Course (Carnegie units)	1982	1987	1990	1994	1998	2000	2005
Any mathematics (1.0)	98.5	98.9	99.6	99.5	99.9	99.8	99.9
Algebra I (1.0)	55.2	58.8	64.5	66.9	63.4	66.5	68.4
Geometry (1.0)	47.1	58.6	64.1	70.6	75.3	78.3	83.8
Algebra II (0.5)	39.9	49.0	48.8	61.5	61.7	67.6	70.3
Trigonometry (0.5)	8.1	11.5	18.2	11.8	8.9	7.9	8.4
Analysis/precalculus (0.5)	6.2	12.8	13.4	17.4	23.2	26.6	29.4
Statistics/probability (0.5)	1.0	1.1	1.0	2.0	3.7	5.7	7.7
Calculus (1.0)	5.0	6.1	6.5	9.4	11.0	11.6	13.6
AP/IB/honors calculus (1.0)	1.6	3.4	4.2	7.0	6.8	7.8	9.2

	2009							
		Gender		Race and Hispanic origin[a]				
Course (Carnegie units)	Total	Male	Female	White	Black	Hispanic	Asian/ Pacific Islander	American Indian/ Alaska Native
Any mathematics (1.0)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Algebra I (1.0)	68.9	68.5	69.3	67.0	77.2	75.4	53.3	74.8
Geometry (1.0)	88.3	86.6	89.9	88.8	88.4	87.0	86.1	81.6
Algebra II (0.5)	75.5	73.5	77.6	77.1	70.5	71.1	82.8	66.3
Trigonometry (0.5)	6.1	5.8	6.4	7.1	3.2	3.6	8.5	6.5
Analysis/precalculus (0.5)	35.3	33.8	36.6	37.9	22.7	26.5	60.5	18.5
Statistics/probability (0.5)	10.8	10.7	10.9	11.6	7.9	7.5	17.6	5.9!
Calculus (1.0)	15.9	16.1	15.7	17.5	6.1	8.6	42.2	6.3
AP/IB/honors calculus (1.0)	11.0	11.3	10.7	11.5	4.0	6.3	34.8	4.9

! Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 and 50 percent.

[a] For data before 2003, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." Included in the 2009 total but not shown separately are respondents reporting "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: For a transcript to be included in the analysis, it had to meet three requirements: (1) the student graduated with either a standard or honors diploma, (2) the student's transcript contained 16 or more Carnegie units, and (3) the student's transcript contained more than 0 Carnegie units in English courses. For each course category, percentages include only graduates who earned at least the number of credits shown in parentheses (e.g., 0.5 = one semester; 1.0 = one academic year) in each course while in high school and do not count those graduates who took these courses prior to entering high school. Algebra I excludes pre-algebra. Algebra II includes courses in which trigonometry or geometry has been combined with Algebra II. Some estimates have been revised from previous publication in *America's Children.*

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School Transcript Studies: High School and Beyond Study of 1980 Sophomores (1982) and National Assessment of Educational Progress Transcript Study (1987, 1990, 1994, 1998, 2000, 2005, and 2009).

Table ED3.B

High school academic coursetaking: Percentage of high school graduates who took selected science courses in high school, selected years 1982–2009

Course (Carnegie units)	1982	1987	1990	1994	1998	2000	2005
Any science (1.0)	96.4	97.8	99.4	99.5	99.5	99.4	99.7
Biology (1.0)	77.4	86.1	91.3	93.7	92.9	91.1	92.5
AP/IB/honors biology (1.0)	10.0	9.4	5.0	12.0	16.3	16.3	16.0
Chemistry (1.0)	32.1	44.2	49.2	56.1	60.5	61.8	66.4
AP/IB/honors chemistry (1.0)	3.0	3.5	3.5	3.9	4.8	5.7	7.6
Physics (1.0)	15.0	20.0	21.3	24.8	28.8	31.3	32.9
AP/IB/honors physics (1.0)	1.2	1.8	2.0	2.7	3.0	3.9	5.3
Engineering (1.0)	1.2	2.6	0.1	4.5	6.7	4.1	4.8
Astronomy (0.5)	1.2	1.0	1.2	1.7	1.9	2.8	2.8
Geology/earth science (0.5)	13.6	13.4	25.3	23.1	20.9	18.5	24.7
Biology and chemistry (2.0)	29.3	41.4	47.8	53.8	59.1	59.2	64.3
Biology, chemistry, and physics (3.0)	11.2	16.5	18.7	21.4	25.6	25.0	27.4

	2009							
		Gender		Race and Hispanic origin[a]				
Course (Carnegie units)	Total	Male	Female	White	Black	Hispanic	Asian/ Pacific Islander	American Indian/ Alaska Native
Any science (1.0)	99.9	99.8	99.9	99.9	99.9	99.8	100.0	100.0
Biology (1.0)	95.6	94.9	96.2	95.6	96.3	94.8	95.8	94.5
AP/IB/honors biology (1.0)	22.4	19.7	25.0	24.2	14.1	16.1	39.7	15.4
Chemistry (1.0)	70.4	67.4	73.4	71.5	65.3	65.7	84.8	44.5
AP/IB/honors chemistry (1.0)	5.9	6.1	5.8	6.5	2.5	2.6	17.0	3.4!
Physics (1.0)	36.1	39.2	33.0	37.6	26.9	28.6	61.1	19.8
AP/IB/honors physics (1.0)	5.7	7.7	3.7	6.1	2.5	3.4	15.1	‡
Engineering (1.0)	8.2	9.0	7.4	8.2	10.1	7.1	6.4	9.0!
Astronomy (0.5)	3.3	3.9	2.7	4.0	1.8	2.0	1.9	5.3!
Geology/earth science (0.5)	27.7	28.9	26.5	28.2	30.1	27.1	19.1	26.0
Biology and chemistry (2.0)	68.3	65.0	71.4	68.9	64.3	64.2	82.7	43.9
Biology, chemistry, and physics (3.0)	30.1	31.9	28.3	31.4	21.9	22.7	54.4	13.6

! Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 and 50 percent.

‡ Reporting standards not met. The coefficient of variation (CV) for this estimate is 50 percent or greater.

[a] For data before 2003, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." Included in the 2009 total but not shown separately are respondents reporting "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: For a transcript to be included in the analysis, it had to meet three requirements: (1) the student graduated with either a standard or honors diploma, (2) the student's transcript contained 16 or more Carnegie units, and (3) the student's transcript contained more than 0 Carnegie units in English courses. For each course category, percentages include only students who earned at least the number of credits shown in parentheses (e.g., 0.5 = one semester; 1.0 = one academic year) in each course while in high school and do not count those students who took these courses prior to entering high school. Some estimates have been revised from previous publication in *America's Children.*

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School Transcript Studies: High School and Beyond Study of 1980 Sophomores (1982) and National Assessment of Educational Progress Transcript Study (1987, 1990, 1994, 1998, 2000, 2005, and 2009).

Table ED3.C

High school academic coursetaking: Percentage distribution of high school graduates by the highest level of foreign language courses taken, selected years 1982–2009

Course (Carnegie units)	1982	1987	1990	1994	1998	2000	2005
Any foreign language (0.25)	54.4	66.7	73.1	77.7	80.6	82.6	83.6
Year 1 or less	20.4	22.6	21.2	19.8	19.2	18.0	13.0
Year 2	19.5	24.9	30.2	32.1	31.5	34.9	37.1
Year 3 or higher	14.6	19.2	21.7	25.9	30.1	29.7	33.4
Year 3	8.9	11.9	12.9	15.0	17.4	16.5	18.6
Year 4	4.5	5.4	5.6	7.8	8.6	7.8	8.9
AP/IB/honors foreign language (0.25)	1.2	1.9	3.2	3.1	4.1	5.4	5.9

	2009							
		Gender		Race and Hispanic origin[a]				
Course (Carnegie units)	Total	Male	Female	White	Black	Hispanic	Asian/ Pacific Islander	American Indian/ Alaska Native
Any foreign language (0.25)	86.4	83.0	89.7	87.1	85.2	82.3	93.3	69.5
Year 1 or less	11.2	12.8	9.6	10.6	16.1	10.9	6.4	16.7
Year 2	35.3	35.4	35.3	34.7	45.4	33.0	24.5	36.9
Year 3 or higher	39.9	34.8	44.8	41.8	23.7	38.5	62.4	15.9
Year 3	22.2	20.9	23.5	22.5	17.8	19.9	35.2	11.1
Year 4	9.7	8.0	11.4	12.0	3.7	4.8	13.1	3.4
AP/IB/honors foreign language (0.25)	8.0	6.0	10.0	7.3	2.2	13.7	14.1	1.4

[a] For data before 2003, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." Included in the 2009 total but not shown separately are respondents reporting "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: For a transcript to be included in the analysis, it had to meet three requirements: (1) the student had to have graduated with either a standard or honors diploma, (2) the student's transcript had to have contained 16 or more Carnegie units, and (3) the student's transcript had to have contained more than 0 Carnegie units in English. For each course category, percentages include only graduates who earned at least the number of credits shown in parentheses (e.g., 0.5 = one semester; 1.0 = one academic year) while in high school and do not count those graduates who took these courses prior to entering high school. Foreign language coursetaking is based upon classes in Spanish, French, Latin, or German, unless noted otherwise for data from 1982 through 2000. In these years, less than 1 percent of students studied only a foreign language other than Spanish, French, Latin, or German. For data from 2005 and 2009, expanded foreign language coursetaking is based upon classes in Amharic (Ethiopian), Arabic, Chinese (Cantonese or Mandarin), Czech, Dutch, Finnish, French, German, Greek (Classical or Modern), Hawaiian, Hebrew, Italian, Japanese, Korean, Latin, Norse (Norwegian), Polish, Portuguese, Russian, Spanish, Swahili, Swedish, Turkish, Ukrainian, or Yiddish. The distribution of graduates among the various levels of foreign language courses was determined by the level of the most academically advanced course they completed. Graduates who had completed courses in different languages were counted according to the highest level course completed. Graduates may have completed advanced levels of courses without having taken courses at lower levels while in high school. Some estimates have been revised from previous publication in *America's Children.*

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School Transcript Studies: High School and Beyond Study of 1980 Sophomores (1982) and National Assessment of Educational Progress Transcript Study (1987, 1990, 1994, 1998, 2000, 2005, and 2009).

Table ED4

High school completion: Percentage of young adults ages 18–24[a] who have completed high school by race and Hispanic origin and method of completion, selected years 1980–2011

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
Total												
Total completing high school[b]	83.9	85.4	85.6	85.3	86.5	87.6	87.8	89.0	89.9	89.8	90.4	90.8
Method of completion												
Diploma	—	—	80.6	77.5	—	—	—	—	—	—	—	—
Equivalent	—	—	4.9	7.7	—	—	—	—	—	—	—	—
White, non-Hispanic[c]												
Total completing high school[b]	87.5	88.2	89.6	89.8	91.8	92.3	92.6	93.5	94.2	93.8	93.7	93.8
Method of completion												
Diploma	—	—	85.0	83.0	—	—	—	—	—	—	—	—
Equivalent	—	—	5.0	7.0	—	—	—	—	—	—	—	—
Black, non-Hispanic[c]												
Total completing high school[b]	75.2	81.0	83.2	84.5	83.7	86.0	84.9	88.8	86.9	87.1	89.2	90.1
Method of completion												
Diploma	—	—	78.0	75.0	—	—	—	—	—	—	—	—
Equivalent	—	—	5.0	9.0	—	—	—	—	—	—	—	—
American Indian or Alaska Native[c]												
Total completing high school[b]	—	—	—	—	82.4	80.4	81.6	77.9	82.5	82.4	84.3	79.5
Method of completion												
Diploma	—	—	—	—	—	—	—	—	—	—	—	—
Equivalent	—	—	—	—	—	—	—	—	—	—	—	—
Asian or Pacific Islander[c]												
Total completing high school[b]	—	—	—	—	94.6	95.8	95.8	93.1	95.5	95.9	95.1	94.1
Method of completion												
Diploma	—	—	—	—	—	—	—	—	—	—	—	—
Equivalent	—	—	—	—	—	—	—	—	—	—	—	—
Two or more races[c]												
Total completing high school[b]	—	—	—	—	—	89.5	89.7	90.4	94.2	89.2	92.1	93.3
Method of completion												
Diploma	—	—	—	—	—	—	—	—	—	—	—	—
Equivalent	—	—	—	—	—	—	—	—	—	—	—	—
Hispanic[c]												
Total completing high school[b]	57.1	66.6	59.1	62.8	64.1	70.3	70.9	72.7	75.5	76.8	79.4	82.2
Method of completion												
Diploma	—	—	55.0	54.0	—	—	—	—	—	—	—	—
Equivalent	—	—	4.0	9.0	—	—	—	—	—	—	—	—

— Not available.

[a] Excludes those enrolled in high school or a lower education level.

[b] From 1980 to 1991, high school completion was measured by the completion of 4 years of high school rather than the actual attainment of a high school diploma or equivalent.

[c] For data before 2003, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: Diploma equivalents include alternative credentials obtained by passing exams such as the General Educational Development (GED) test. Examination of the changes in the Current Population Survey (CPS) alternative credential items in the October 2000 School Enrollment Supplement and subsequent years has indicated that these estimates may not be reliable estimates of high school equivalency completions; therefore, estimates by method of completion are not shown for 2000 and subsequent years.

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

Table ED5.A **Youth neither enrolled in school[a] nor working: Percentage of youth ages 16–19 who are neither enrolled in school nor working by age, gender, and race and Hispanic origin, selected years 1985–2012**

Characteristic	1985[b]	1990[b]	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012
Ages 16–19												
Total	11	10	9	8	8	8	8	8	9	9	8	8
Gender												
Male	9	8	8	7	7	7	8	8	10	9	9	8
Female	13	12	11	9	8	8	8	8	9	9	8	8
Race and Hispanic origin[c]												
White, non-Hispanic	9	8	7	6	6	6	6	7	7	8	7	7
Black, non-Hispanic	18	15	14	13	12	11	11	11	12	12	11	11
Hispanic	17	17	16	13	12	11	11	11	13	11	11	11
Ages 16–17												
Total	5	5	4	4	3	3	4	4	4	3	3	3
Gender												
Male	5	4	4	3	3	3	4	4	4	4	3	3
Female	6	5	5	4	3	3	4	4	4	3	3	3
Race and Hispanic origin[c]												
White, non-Hispanic	5	4	3	3	3	3	3	3	3	3	3	3
Black, non-Hispanic	6	6	6	5	4	4	4	5	5	5	4	4
Hispanic	10	10	9	7	5	6	6	5	5	5	4	4
Ages 18–19												
Total	17	15	15	12	13	13	13	14	15	15	14	14
Gender												
Male	13	12	12	11	13	12	13	13	16	16	15	15
Female	20	18	17	13	13	14	13	14	14	15	14	13
Race and Hispanic origin[c]												
White, non-Hispanic	14	12	11	9	10	10	10	11	12	13	12	12
Black, non-Hispanic	30	23	24	21	20	19	19	20	20	21	19	19
Hispanic	24	24	23	18	19	17	18	19	21	19	18	18

[a] School refers to both high school and college.

[b] Data for 1985–1993 are not strictly comparable with data from 1994 onward because of revisions to the questionnaire and data collection methodology for the Current Population Survey (CPS). Beginning in 2000, data incorporate population controls from Census 2000. Beginning in 2012, data incorporate population controls from Census 2010.

[c] For data before 2003, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2003, those in each racial category represent those reporting only one race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: Data relate to the labor force and enrollment status of persons ages 16–19 in the civilian noninstitutionalized population during an "average" week of the school year. The percentages 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). Results are based on 9-month averages.

SOURCE: Bureau of Labor Statistics, Current Population Survey.

Table ED5.B

Youth enrolled in school[a] and working: Percentage of youth ages 16–19 who are enrolled in school and working by age, gender, and race and Hispanic origin, selected years 1985–2012

Characteristic	1985[b]	1990[b]	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012
Ages 16–19												
Total	26	28	29	30	25	25	24	22	19	18	17	18
Gender												
Male	26	27	28	29	23	23	21	20	17	16	15	15
Female	26	28	30	32	27	27	26	25	22	20	20	20
Race and Hispanic origin[c]												
White, non-Hispanic	30	33	35	36	31	31	29	27	24	22	22	22
Black, non-Hispanic	12	15	16	19	13	15	13	12	10	10	10	10
Hispanic	15	17	16	19	17	17	17	16	13	12	11	13
Ages 16–17												
Total	29	29	30	31	23	23	21	19	16	14	13	13
Gender												
Male	28	29	29	29	20	21	20	17	14	12	12	12
Female	29	30	31	32	25	25	23	21	17	15	15	15
Race and Hispanic origin[c]												
White, non-Hispanic	34	36	37	37	29	29	27	24	21	18	18	18
Black, non-Hispanic	12	15	16	19	10	13	11	9	7	7	6	7
Hispanic	15	17	14	18	14	15	13	12	9	8	7	9
Ages 18–19												
Total	23	26	28	30	28	28	26	26	23	22	22	22
Gender												
Male	23	25	27	28	26	25	23	23	20	19	19	19
Female	23	26	30	31	30	30	29	28	26	25	25	25
Race and Hispanic origin[c]												
White, non-Hispanic	26	30	33	35	33	33	30	30	28	26	27	26
Black, non-Hispanic	12	15	17	18	16	18	16	16	13	13	13	14
Hispanic	15	16	19	20	21	19	20	20	18	17	16	18

[a] School refers to both high school and college.

[b] Data for 1985–1993 are not strictly comparable with data from 1994 onward because of revisions to the questionnaire and data collection methodology for the Current Population Survey (CPS). Beginning in 2000, data incorporate population controls from Census 2000. Beginning in 2012, data incorporate population controls from Census 2010.

[c] For data before 2003, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2003, those in each racial category represent those reporting only one race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: Data relate to the labor force and enrollment status of persons ages 16–19 in the civilian noninstitutionalized population during an "average" week of the school year. The percentages 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). Results are based on 9 months of data.

SOURCE: Bureau of Labor Statistics, Current Population Survey.

Table ED6

College enrollment: Percentage of high school completers who were enrolled in college the October immediately after completing high school by gender and race and Hispanic origin, selected years 1980–2011

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011
Total	49.3	57.7	60.1	61.9	63.3	68.6	66.0	67.2	68.6	70.1	68.1	68.2
Gender												
Male	46.7	58.6	58.0	62.6	59.9	66.5	65.8	66.1	65.9	66.0	62.8	64.7
Female	51.8	56.8	62.2	61.3	66.2	70.4	66.1	68.3	71.6	73.8	74.0	72.2
Race and Hispanic origin[a]												
White, non-Hispanic	49.8	60.1	63.0	64.3	65.7	73.2	68.5	69.5	71.7	71.3	70.5	68.3
Black, non-Hispanic[b]												
Total	42.7	42.2	46.8	51.2	54.9	55.7	55.5	55.7	55.7	69.5	62.0	67.1
3-year moving average[c]	44.0	39.5	48.9	52.9	56.4	58.2	55.6	55.7	60.3	62.4	66.1	64.6
Hispanic[b]												
Total	52.3	51.0	42.7	53.7	52.9	54.0	57.9	64.0	63.9	59.3	59.7	66.6
3-year moving average[c]	49.6	46.1	52.5	51.6	48.6	57.5	58.5	62.0	62.3	60.9	62.3	63.5

[a] For data before 2003, the 1977 Office of Management and Budget (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. The revised 1997 OMB standards were used for data for 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Also beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[b] Due to the small sample sizes, data for Blacks and Hispanics are subject to relatively large sampling errors.

[c] Moving averages are used to produce more stable estimates. A 3-year moving average is the average of the estimates for the year prior to the reported year, the reported year, and the following year. For 2011, a 2-year moving average is used, reflecting an average of the 2010 and 2011 estimates.

NOTE: Enrollment in college, as of October of each year, is for individuals ages 16–24 who completed high school during the preceding 12 months. High school completion includes General Educational Development (GED) certificate recipients. Data have been revised since previous publication in *America's Children.*

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

Table HEALTH1.A

Preterm birth and low birthweight: Percentage of infants born preterm by detailed race and Hispanic origin of mother, selected years 1990–2011

Characteristic	1990	1995	2000	2003	2004	2005	2006	2007	2008	2009	2010	2011[a]
Preterm (less than 37 completed weeks of gestation)												
Total	10.6	11.0	11.6	12.3	12.5	12.7	12.8	12.7	12.3	12.2	12.0	11.7
Race and Hispanic origin[b]												
White, non-Hispanic	8.5	9.4	10.4	11.3	11.5	11.7	11.7	11.5	11.1	10.9	10.8	10.5
Black, non-Hispanic	18.9	17.8	17.4	17.8	17.9	18.4	18.5	18.3	17.5	17.5	17.1	16.8
American Indian or Alaskan Native	11.8	12.4	12.7	13.5	13.7	14.1	14.2	13.9	13.6	13.5	13.6	13.5
Asian or Pacific Islander	10.1	9.9	9.9	10.5	10.5	10.8	10.9	10.9	10.7	10.8	10.7	10.4
Chinese	7.3	7.2	7.3	—	—	—	—	—	—	—	—	—
Japanese	7.7	8.3	8.3	—	—	—	—	—	—	—	—	—
Filipino	11.4	11.7	12.2	—	—	—	—	—	—	—	—	—
Hawaiian	11.3	11.0	11.7	—	—	—	—	—	—	—	—	—
Other Asian or Pacific Islander	10.6	10.3	10.1	—	—	—	—	—	—	—	—	—
Hispanic	11.0	10.9	11.2	11.9	12.0	12.1	12.2	12.3	12.1	12.0	11.8	11.7
Mexican American	10.6	10.6	11.0	11.7	11.8	11.8	11.9	11.9	11.7	11.5	11.3	—
Puerto Rican	13.4	13.4	13.5	13.8	14.0	14.3	14.4	14.5	14.1	13.8	13.4	—
Cuban	9.8	10.1	10.6	11.8	12.8	13.2	13.1	13.4	13.6	13.2	13.3	—
Central or South American	10.9	10.7	11.0	11.4	11.7	12.0	12.1	12.1	12.0	12.0	11.8	—
Other and unknown Hispanic	11.2	11.7	12.2	12.6	12.6	13.6	14.2	14.1	13.3	13.4	13.1	—
Late preterm (34–36 completed weeks of gestation)												
Total	7.3	7.7	8.2	8.8	8.9	9.1	9.1	9.0	8.8	8.7	8.5	8.3
Race and Hispanic origin[b]												
White, non-Hispanic	6.1	6.8	7.6	8.3	8.5	8.6	8.6	8.5	8.2	8.0	7.8	7.6
Black, non-Hispanic	11.5	10.9	10.9	11.4	11.4	11.8	11.9	11.8	11.3	11.2	11.0	10.7
American Indian or Alaskan Native	8.3	8.9	9.0	9.6	9.6	10.2	10.2	9.9	9.7	9.4	9.6	9.6
Asian or Pacific Islander	7.5	7.4	7.3	7.8	7.7	8.0	8.1	8.1	7.9	8.1	7.8	7.6
Chinese	5.7	5.5	5.5	—	—	—	—	—	—	—	—	—
Japanese	5.9	6.2	6.3	—	—	—	—	—	—	—	—	—
Filipino	8.3	8.7	8.9	—	—	—	—	—	—	—	—	—
Hawaiian	7.6	7.9	8.2	—	—	—	—	—	—	—	—	—
Other Asian or Pacific Islander	7.9	8.6	8.5	—	—	—	—	—	—	—	—	—
Hispanic	7.8	7.8	8.1	8.6	8.7	8.8	8.8	8.9	8.8	8.6	8.5	8.4
Mexican American	7.6	7.7	8.0	8.5	8.6	8.6	8.6	8.6	8.5	8.3	8.2	—
Puerto Rican	9.0	9.1	9.2	9.5	9.5	9.8	9.8	10.0	9.7	9.5	9.2	—
Cuban	6.9	7.1	7.6	8.7	9.5	9.5	9.6	10.0	9.8	9.5	9.2	—
Central or South American	7.7	7.6	7.8	8.3	8.5	8.7	8.8	8.8	8.7	8.8	8.7	—
Other and unknown Hispanic	8.0	8.3	8.6	9.0	9.2	9.8	10.2	10.2	9.6	9.5	9.4	—

— Not available.

[a] Data for 2011 are preliminary.

[b] The 1977 Office of Management and Budget (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. The following states reported multiple-race data in 2003, following the revised 1997 OMB standards: CT, HI, OH (for December only), PA, UT, and WA. In 2004, the following states began to report multiple-race data: FL, ID, KY, MI, MN, NH, NY State (excluding New York City), SC, and TN. Multiple-race data were reported by 19 states in 2005: FL, ID, KS, KY, NE, NH, NY State (excluding New York City), PA, SC, TN, TX, VT (beginning July 1), WA, CA, HI, MI (for births at selected facilities only), MN, OH, and UT. In 2006, 23 states reported multiple-race data: CA, DE, FL, ID, KS, KY, NE, NH, NY State (excluding New York City), ND, OH, PA, SC, SD, TN, TX, VT, WA, WY, HI, MI (for births at selected facilities only), MN, and UT. In 2007, 27 states reported multiple-race data: CA, CO, DE, FL, GA (partial year only), ID, IN, IA, KS, KY, MI (for births at most facilities), NE, NH, NY State (excluding New York City), ND, OH, PA, SC, SD, TN, TX, VT, WA, WY, HI, MN, and UT. In 2008, 30 states reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IN, IA, KS, KY, MI, MN, MT, NE, NH, NM, NY, ND, OH, OR, PA, SC, SD, TN, TX, UT, VT, WA, and WY. In 2009, 33 states and the District of Columbia reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IN, IA, KS, KY, MI, MN, MT, NE, NH, NM, NV, NY, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, and WY. In 2010, 38 states and the District of Columbia reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA (after January 1), MD, MI, MN, MO, MT, NE, NH, NM, NV, NY, NC (after January 1), ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, and WY. In 2011, 40 states and the District of Columbia reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MD, MA (in February-March), MI, MN, MO, MT, NE, NV, NH, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WI, and WY. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. In addition, note that data on race and Hispanic origin are collected and reported separately.

NOTE: Excludes live births with unknown gestational age. Trend data for births to Hispanic and to White, non-Hispanic and Black, non-Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate. The number of states in the reporting area was 48 states and DC in 1990, 49 states and DC in 1991–92, and all 50 states and DC from 1993 onward. Trend data for births to Asian or Pacific Islander and Hispanic women are also affected by immigration. Beginning in 2003, data are no longer available for Asian or Pacific Islander subgroups.

SOURCE: National Center for Health Statistics, National Vital Statistics System. Martin, J.A., Hamilton, B.E., Ventura, S.J., Osterman, M.J.K., Wilson, E.C., and Mathews, T.J. (2012). Births: Final data for 2010. *National Vital Statistics Reports, 61*(1). Hyattsville, MD: National Center for Health Statistics. Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2012). Births: Preliminary data for 2011. *National Vital Statistics Reports. 61*(5) Hyattsville, MD: National Center for Health Statistics.

Table HEALTH1.B

Preterm birth and low birthweight: Percentage of infants born with low birthweight by detailed race and Hispanic origin of mother, selected years 1980–2011

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011[a]
Low birthweight (less than 2,500 grams, or 5 lb. 8 oz.)												
Total	6.8	6.8	7.0	7.3	7.6	8.2	8.3	8.2	8.2	8.2	8.1	8.1
Race and Hispanic origin[b]												
White, non-Hispanic	5.7	5.6	5.6	6.2	6.6	7.3	7.3	7.3	7.2	7.2	7.1	7.1
Black, non-Hispanic	12.7	12.6	13.3	13.2	13.1	14.0	14.0	13.9	13.7	13.6	13.5	13.3
American Indian or Alaskan Native	6.4	5.9	6.1	6.6	6.8	7.4	7.5	7.5	7.4	7.3	7.6	7.5
Asian or Pacific Islander	6.7	6.2	6.5	6.9	7.3	8.0	8.1	8.1	8.2	8.3	8.5	8.3
Chinese	5.2	5.0	4.7	5.3	5.1	—	—	—	—	—	—	—
Japanese	6.6	6.2	6.2	7.3	7.1	—	—	—	—	—	—	—
Filipino	7.4	6.9	7.3	7.8	8.5	—	—	—	—	—	—	—
Hawaiian	7.2	6.5	7.2	6.8	6.8	—	—	—	—	—	—	—
Other Asian or Pacific Islander	6.8	6.2	6.6	7.1	7.7	—	—	—	—	—	—	—
Hispanic	6.1	6.2	6.1	6.3	6.4	6.9	7.0	6.9	7.0	6.9	7.0	7.0
Mexican American	5.6	5.8	5.5	5.8	6.0	6.5	6.6	6.5	6.5	6.5	6.5	—
Puerto Rican	9.0	8.7	9.0	9.4	9.3	9.9	10.1	9.8	9.9	9.6	9.6	—
Cuban	5.6	6.0	5.7	6.5	6.5	7.6	7.1	7.7	7.8	7.5	7.3	—
Central or South American	5.8	5.7	5.8	6.2	6.3	6.8	6.8	6.7	6.7	6.6	6.5	—
Other and unknown Hispanic	7.0	6.8	6.9	7.5	7.8	8.3	8.5	8.6	8.2	8.3	8.4	—
Very low birthweight (less than 1,500 grams, or 3 lb. 4 oz.)												
Total	1.2	1.2	1.3	1.4	1.4	1.5	1.5	1.5	1.5	1.5	1.5	1.4
Race and Hispanic origin[b]												
White, non-Hispanic	0.9	0.9	0.9	1.0	1.1	1.2	1.2	1.2	1.2	1.2	1.2	1.1
Black, non-Hispanic	2.5	2.7	2.9	3.0	3.1	3.3	3.2	3.2	3.0	3.1	3.0	3.0
American Indian or Alaskan Native	0.9	1.0	1.0	1.1	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3
Asian or Pacific Islander	0.9	0.9	0.9	0.9	1.1	1.1	1.1	1.1	1.2	1.1	1.2	1.2
Chinese	0.7	0.6	0.5	0.7	0.8	—	—	—	—	—	—	—
Japanese	0.9	0.8	0.7	0.9	0.8	—	—	—	—	—	—	—
Filipino	1.0	0.9	1.1	1.1	1.4	—	—	—	—	—	—	—
Hawaiian	1.1	1.0	1.0	0.9	1.4	—	—	—	—	—	—	—
Other Asian or Pacific Islander	1.0	0.9	0.9	0.9	1.0	—	—	—	—	—	—	—
Hispanic	1.0	1.0	1.0	1.1	1.1	1.2	1.2	1.2	1.2	1.2	1.2	1.2
Mexican American	0.9	1.0	0.9	1.0	1.0	1.1	1.1	1.1	1.1	1.1	1.1	—
Puerto Rican	1.3	1.3	1.6	1.8	1.9	1.9	1.9	1.9	1.9	1.9	1.8	—
Cuban	1.0	1.2	1.2	1.2	1.2	1.5	1.3	1.3	1.4	1.5	1.4	—
Central or South American	1.0	1.0	1.1	1.1	1.2	1.2	1.1	1.2	1.1	1.1	1.1	—
Other and unknown Hispanic	1.0	1.0	1.1	1.3	1.4	1.4	1.4	1.4	1.3	1.4	1.5	—

— Not available.

[a] Data for 2011 are preliminary.

[b] The 1977 Office of Management and Budget (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. The following states reported multiple-race data in 2003, following the revised 1997 OMB standards: CT, HI, OH (for December only), PA, UT, and WA. In 2004, the following states began to report multiple-race data: FL, ID, KY, MI, MN, NH, NY State (excluding New York City), SC, and TN. Multiple-race data were reported by 19 states in 2005: FL, ID, KS, KY, NE, NH, NY State (excluding New York City), PA, SC, TN, TX, VT (beginning July 1), WA, CA, HI, MI (for births at selected facilities only), MN, OH, and UT. In 2006, 23 states reported multiple-race data: CA, DE, FL, ID, KS, KY, NE, NH, NY State (excluding New York City), ND, OH, PA, SC, SD, TN, TX, VT, WA, WY, HI, MI (for births at selected facilities only), MN, and UT. In 2007, 27 states reported multiple-race data: CA, CO, DE, FL, GA (partial year only), ID, IN, IA, KS, KY, MI (for births at most facilities), NE, NH, NY State (excluding New York City), ND, OH, PA, SC, SD, TN, TX, VT, WA, WY, HI, MN, and UT. In 2008, 30 states reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IN, IA, KS, KY, MI, MN, MT, NE, NH, NM, NY, ND, OH, OR, PA, SC, SD, TN, TX, UT, VT, WA, and WY. In 2009, 33 states and the District of Columbia reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IN, IA, KS, KY, MI, MN, MT, NE, NH, NM, NV, NY, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, and WY. In 2010, 38 states and the District of Columbia reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA (after January 1), MD, MI, MN, MO, MT, NE, NH, NM, NV, NY, NC (after January 1), ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, and WY. In 2011, 40 states and the District of Columbia reported multiple-race data: CA, CO, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MD, MA (in February-March), MI, MN, MO, MT, NE, NV, NH, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WI, and WY. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. In addition, note that data on race and Hispanic origin are collected and reported separately.

NOTE: Excludes live births with unknown birthweight. Trend data for births to Hispanic and to White, non-Hispanic and Black, non-Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate. The number of states in the reporting area increased from 22 states in 1980 to 23 states and the District of Columbia (DC) in 1983–1987, 30 states and DC in 1988, 47 states and DC in 1989, 48 states and DC in 1990, 49 states and DC in 1991–92, and all 50 states and DC from 1993 onward. Trend data for births to Asian or Pacific Islander and Hispanic women are also affected by immigration. Beginning in 2003, data are no longer available for Asian or Pacific Islander subgroups.

SOURCE: National Center for Health Statistics, National Vital Statistics System. Martin, J.A., Hamilton, B.E., Ventura, S.J., Osterman, M.J.K., Wilson, E.C., and Mathews, T.J. (2012). Births: Final data for 2010. *National Vital Statistics Reports, 61*(1). Hyattsville, MD: National Center for Health Statistics. Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2012). Births: Preliminary data for 2011. *National Vital Statistics Reports. 61*(5) Hyattsville, MD: National Center for Health Statistics.

Table HEALTH2 Infant mortality: Death rates among infants by detailed race and Hispanic origin of mother, selected years 1983–2011

(Infant deaths per 1,000 live births)

Characteristic	1983[a]	1990[a]	1995	2000	2003[b]	2004[b]	2005[b]	2006[b]	2007[b]	2008[b]	2009[b]	2010[b,c]	2011[b,d]
Total	10.9	8.9	7.6	6.9	6.8	6.8	6.9	6.7	6.8	6.6	6.4	6.1	6.0
Race and Hispanic origin[e]													
White, non-Hispanic	9.2	7.2	6.3	5.7	5.7	5.7	5.8	5.6	5.6	5.5	5.3	—	—
Black, non-Hispanic	19.1	16.9	14.7	13.6	13.6	13.6	13.6	13.4	13.3	12.7	12.4	—	—
American Indian or Alaskan Native	15.2	13.1	9.0	8.3	8.7	8.4	8.1	8.3	9.2	8.4	8.5	—	—
Asian or Pacific Islander	8.3	6.6	5.3	4.9	4.8	4.7	4.9	4.6	4.8	4.5	4.4	—	—
Chinese	9.5	4.3	3.8	3.5	—	—	—	—	—	—	—	—	—
Japanese	*	5.5	5.3	4.6	—	—	—	—	—	—	—	—	—
Filipino	8.4	6.0	5.6	5.7	—	—	—	—	—	—	—	—	—
Hawaiian	11.2	8.0	6.6	9.1	—	—	—	—	—	—	—	—	—
Other Asian or Pacific Islander	8.1	7.4	5.5	4.8	—	—	—	—	—	—	—	—	—
Hispanic[f]	9.5	7.5	6.3	5.6	5.6	5.5	5.6	5.4	5.5	5.6	5.3	—	—
Mexican American	9.1	7.2	6.0	5.4	5.5	5.5	5.5	5.3	5.4	5.6	5.1	—	—
Puerto Rican	12.9	9.9	8.9	8.2	8.2	7.8	8.3	8.0	7.7	7.3	7.2	—	—
Cuban	7.5	7.2	5.3	4.5	4.6	4.6	4.4	5.1	5.2	4.9	5.8	—	—
Central or South American	8.5	6.8	5.5	4.6	5.0	4.6	4.7	4.5	4.6	4.8	4.5	—	—
Other and unknown Hispanic	10.6	8.0	7.4	6.9	6.7	6.7	6.4	5.8	6.4	—	—	—	—

— Not available.

* Number too small to calculate a reliable rate.

[a] Prior to 1995, rates are on a cohort basis. Beginning in 1995 rates are on a period basis. Data for 1995 onward are weighted to account for unmatched records.

[b] Beginning in 2003, infant mortality rates are being reported to two decimal places in National Center for Health Statistics (NCHS) reports, so the rates reported here will vary from those in other reports. This difference in reporting could affect significance testing.

[c] The mortality rate for 2010 was obtained from unlinked death records from the National Vital Statistics System because data for 2010 are not currently available from the National Linked Files of Live Births and Infant Deaths.

[d] The mortality rate for 2011 was obtained from preliminary unlinked death records from the National Vital Statistics System because final data for 2011 are not currently available from the National Linked Files of Live Births and Infant Deaths.

[e] The 1977 Office of Management and Budget (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. CA, HI, OH (for December only), PA, UT, and WA reported multiple-race data in 2003, following the revised 1997 OMB standards. In 2004, the following states began to report multiple-race data: FL, ID, KY, MI, MN, NH, NY State (excluding New York City), SC, and TN. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

[f] Trends for the Hispanic population are affected by an expansion in the number of registration areas that included an item on Hispanic origin on the birth certificate. The number of states in the reporting area increased from 22 states in 1980 to 23 states and the District of Columbia (DC) in 1983–1987, 30 states and DC in 1988, 47 states and DC in 1989, 48 states and DC in 1990, 49 states and DC in 1991, and all 50 states and DC from 1993 onward.

NOTE: Infant deaths are deaths before an infant's first birthday. Rates for race groups from the National Linked Files of Live Births and Infant Deaths vary slightly from those obtained via unlinked infant death records using the National Vital Statistics System because the race reported on the death certificate sometimes does not match the race on the infant's birth certificate. Rates obtained from linked data (where race is obtained from the birth, rather than the death, certificate) are considered more reliable, but linked data are not available before 1983 and are also not available for 1992–1994.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

Table HEALTH3.A **Emotional and behavioral difficulties: Percentage of children ages 4–17 repo ted by a parent to have serious or minor difficulties with emotions, concentration, behavio , or getting along with other people by selected characteristics, 2001–2011**

Characteristic	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Serious difficultie											
Age and gender											
Total ages 4–17	5.2	5.5	4.8	5.4	4.6	5.0	5.2	5.4	5.3	6.0	5.3
Ages 4–7	3.6	3.2	3.3	4.2	2.8	4.0	3.8	4.0	3.1	4.1	3.5
Ages 8–10	5.9	5.9	5.5	5.8	4.8	4.9	4.4	7.1	6.3	7.2	6.2
Ages 11–14	6.0	6.8	4.9	6.2	4.9	5.6	6.0	5.0	5.6	6.8	5.8
Ages 15–17	5.2	6.5	6.1	5.4	6.2	5.6	6.8	5.9	6.5	6.6	6.3
Males ages 4–17	6.2	7.5	6.3	5.8	5.4	6.6	6.4	7.1	6.6	7.3	6.6
Ages 4–7	3.8	4.3	4.8	4.0	3.0	5.3	5.1	5.4	4.1	5.0	4.9
Ages 8–10	8.2	8.0	7.3	7.0	5.5	6.7	6.3	10.4	8.2	9.4	8.2
Ages 11–14	7.4	10.0	6.5	7.0	6.3	7.4	7.5	6.5	7.1	7.7	7.2
Ages 15–17	5.6	7.6	6.9	5.6	6.9	7.1	6.9	6.7	7.7	7.6	6.6
Females ages 4–17	4.1	3.5	3.3	4.8	3.8	3.3	3.9	3.6	3.9	4.8	4.0
Ages 4–7	3.4	2.0	1.8	4.4	2.5	2.6	2.4	2.7	2.1	3.1	2.1
Ages 8–10	3.5	3.6	3.5	4.5	4.2	3.0	2.3	3.4	4.4	5.0	4.1
Ages 11–14	4.6	3.5	3.2	5.3	3.4	3.8	4.5	3.4	4.1	5.8	4.5
Ages 15–17	4.9	5.2	5.2	5.1	5.4	3.9	6.6	5.1	5.3	5.5	5.9
Poverty status[a]											
Below 100% poverty	7.4	9.2	6.4	7.2	7.1	6.6	7.0	9.7	8.2	10.1	7.6
100–199% poverty	6.7	6.3	5.2	5.8	4.8	5.6	7.3	5.8	6.5	5.7	5.4
200% poverty and above	4.0	4.3	4.2	4.7	3.8	4.2	3.9	4.0	3.7	4.6	4.4
Race and Hispanic origin[b]											
White, non-Hispanic	5.3	5.6	5.2	6.0	4.8	5.5	5.5	5.8	5.4	6.7	5.9
Black, non-Hispanic	5.6	8.5	4.7	5.8	5.1	4.5	5.7	7.1	6.2	6.1	6.4
Hispanic	3.9	3.7	3.7	3.3	4.0	3.6	3.7	3.0	4.1	4.2	3.9
Family structure[c]											
Two parents	4.0	4.2	4.0	4.4	3.7	4.0	4.2	4.1	4.1	4.4	3.9
Mother only	8.1	9.2	7.0	7.8	6.9	7.8	7.1	8.0	8.2	9.6	8.3
Father only	5.0	5.4	3.6	5.3	4.2	4.8	5.5	5.5	*	5.1	*
No parents	10.6	9.6	8.8	9.4	9.8	7.0	11.5	13.1	7.3	12.5	10.1

See notes at end of table.

Table HEALTH3.A (cont.) **Emotional and behavioral difficulties: Percentage of children ages 4–17 repo ted by a parent to have serious or minor difficulties with emotions, concentration, behavio , or getting along with other people by selected characteristics, 2001–2011**

Characteristic	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Minor difficultie											
Age and gender											
Total ages 4–17	17.1	18.0	15.4	15.4	16.2	15.5	14.4	14.4	13.7	16.1	14.4
Ages 4–7	14.9	15.2	13.8	12.2	14.0	13.9	12.5	11.0	11.6	14.2	11.1
Ages 8–10	18.1	20.2	15.5	16.4	18.4	14.4	16.4	17.1	15.6	16.9	16.3
Ages 11–14	18.7	19.4	16.0	17.3	17.0	15.8	15.8	16.7	14.3	17.4	16.1
Ages 15–17	17.1	17.5	16.4	15.9	15.7	18.0	13.1	13.2	14.0	16.1	14.7
Males ages 4–17	20.1	20.1	17.3	17.2	17.9	16.9	16.1	16.7	16.3	18.0	16.4
Ages 4–7	16.9	18.3	15.8	15.2	15.3	15.5	13.3	12.0	13.8	15.2	12.4
Ages 8–10	21.9	23.0	17.8	18.0	22.2	15.9	18.1	20.0	19.4	19.3	19.7
Ages 11–14	22.7	20.2	18.1	18.8	18.6	17.8	19.1	20.7	17.0	22.1	17.9
Ages 15–17	19.0	19.0	17.4	17.1	16.4	18.4	14.0	14.2	15.9	15.1	16.4
Females ages 4–17	14.0	15.9	13.4	13.4	14.4	14.0	12.6	12.0	11.0	14.1	12.3
Ages 4–7	12.6	12.0	11.9	9.1	12.7	12.1	11.6	10.0	9.1	13.2	9.8
Ages 8–10	14.1	17.1	12.9	14.7	14.7	12.7	14.6	14.0	11.7	14.5	12.6
Ages 11–14	14.5	18.6	13.8	15.7	15.4	13.8	12.3	12.4	11.5	12.4	14.3
Ages 15–17	15.1	15.9	15.3	14.6	14.9	17.6	12.2	12.2	12.1	17.2	13.0
Poverty status[a]											
Below 100% poverty	20.3	21.2	17.4	18.1	19.4	17.1	17.7	16.1	18.1	20.7	18.4
100–199% poverty	18.9	19.4	17.8	17.3	17.6	16.7	16.3	15.5	14.5	15.6	14.7
200% poverty and above	15.7	16.7	13.9	13.9	14.8	14.4	12.7	13.5	11.9	14.6	12.7
Race and Hispanic origin[b]											
White, non-Hispanic	16.6	18.2	15.6	16.0	16.5	16.3	15.1	14.7	13.8	16.4	15.0
Black, non-Hispanic	22.7	22.4	17.2	16.6	18.4	14.3	16.1	18.3	17.8	18.6	16.2
Hispanic	15.1	14.5	14.0	13.0	14.8	13.6	12.1	11.7	12.0	14.0	12.4
Family structure[c]											
Two parents	15.0	15.3	14.1	13.5	14.4	13.9	12.2	13.0	11.9	13.8	11.8
Mother only	22.9	23.9	19.0	19.6	20.6	18.4	19.5	16.7	17.3	21.0	19.7
Father only	19.1	22.7	12.8	19.0	19.9	19.0	18.2	16.6	17.5	16.9	18.9
No parents	24.0	29.6	22.1	22.9	22.5	22.1	19.9	24.7	19.7	24.1	21.2

* Estimates are considered unreliable (relative standard error greater than 30 percent).

[a] Missing family income data were imputed for approximately 30 percent of children ages 4–17 in 2001–2011.

[b] The revised 1997 Office of Management and Budget (OMB) standards for race were used for the 2001–2011 race-specific estimates. A person's race is described by 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 on race and Hispanic origin are collected separately, but are combined for reporting. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races" due to the small sample size for each of these groups. Persons of Hispanic origin may be of any race.

[c] "Two parents" includes two married or unmarried parents. The terms "mother" and "father" can include biological, adoptive, step, or foster relationships. "No parents" can include children cared for by other relatives or a legal guardian.

NOTE: Emotional or behavioral difficulties of children were based on parental responses to the following question on the Strengths and Difficulties Questionnaire (SDQ):[1] "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; and (4) yes, severe difficulties. Children with serious emotional or behavioral difficulties are defined as those whose parent responded "yes, definite" or "yes, severe." These difficulties may be similar to but do not equate with the Federal definition of serious emotional disturbances (SED), used by the Federal government for planning purposes. Children with minor emotional or behavioral difficulties are defined as those whose parent responded "yes, minor difficulties."

SOURCE: National Center for Health Statistics, National Health Interview Survey.

[1] Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry, 40,* 791–799.

Table HEALTH3.B **Emotional and behavioral difficulties: Percentage of children ages 4–17 with serious or minor emotional or behavioral difficulties who received se vices by type of service, 2001–2011**

Type of service[a]	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Serious difficulties											
Special education services for an emotional/ behavioral problem	22.2	24.3	22.7	22.9	20.0	22.5	26.4	24.5	26.0	25.7	27.9
Parent contact with a general doctor[b] about emotional/behavioral problem	43.9	46.8	47.2	40.8	39.0	44.4	47.3	40.9	39.7	40.4	45.5
Parent contact with a mental health professional[c]	43.8	46.6	44.5	50.7	50.0	43.6	52.3	51.3	45.3	49.3	53.4
Minor difficulties											
Special education services for an emotional/ behavioral problem	5.4	4.6	4.6	5.5	4.8	4.8	6.7	7.1	7.2	6.0	5.5
Parent contact with a general doctor[b] about emotional/behavioral problem	14.1	15.3	12.4	15.1	13.1	11.3	14.8	14.5	16.6	13.4	15.1
Parent contact with a mental health professional[c]	15.0	16.9	15.9	18.5	15.7	16.9	19.9	21.8	22.9	18.5	21.6

[a] A child who had more than one type of service or contact was included in more than one row.

[b] A general doctor was defined as a doctor who treats a variety of illnesses, such as a doctor in general practice, pediatrics, family medicine, or internal medicine.

[c] Mental health professional was defined as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

NOTE: Emotional or behavioral difficulties of children were based on parental responses to the following question on the Strengths and Difficulties Questionnaire (SDQ):[1] "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; and (4) yes, severe difficulties. Children with serious emotional or behavioral difficulties are defined as those whose parent responded "yes, definite" or "yes, severe." These difficulties may be similar to but do not equate with the Federal definition of serious emotional disturbances (SED), used by the Federal government for planning purposes. Children with minor emotional or behavioral difficulties are defined as those whose parent responded "yes, minor difficulties."

SOURCE: National Center for Health Statistics, National Health Interview Survey.

[1] Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry, 40,* 791–799.

Table HEALTH4.A

Adolescent depression: Percentage of youth ages 12–17 who had at least one Major Depressive Episode (MDE) in the past year by age, gender, race and Hispanic origin, and poverty status, 2004–2011

Characteristic	2004	2005	2006	2007	2008	2009	2010	2011
Total	9.0	8.8	7.9	8.2	8.3	8.1	8.0	8.2
Age								
Ages 12–13	5.4	5.2	4.9	4.3	4.9	4.6	4.3	4.1
Ages 14–15	9.2	9.5	7.9	8.4	8.5	8.8	9.0	8.6
Ages 16–17	12.3	11.5	10.7	11.5	11.2	10.4	10.6	11.7
Gender								
Male	5.0	4.5	4.2	4.6	4.3	4.7	4.4	4.5
Female	13.1	13.3	11.8	11.9	12.5	11.7	11.9	12.1
Race and Hispanic origin[a]								
White, non-Hispanic	9.2	9.1	8.2	8.7	8.8	8.4	8.6	8.6
Black, non-Hispanic	7.7	7.6	6.4	7.8	7.1	7.9	6.8	7.0
American Indian or Alaska Native	7.8	6.1	9.3	4.6	10.1	7.5	7.4	11.4
Asian	8.3	6.0	7.7	6.6	7.7	7.6	5.5	7.6
Two or more races	11.7	10.5	13.0	9.9	12.0	8.0	9.4	10.6
Hispanic	9.1	9.1	8.0	7.1	7.5	7.7	7.8	8.1
Poverty status								
Below 100% poverty	—	8.1	7.6	7.6	7.7	7.4	7.2	8.1
100–199% poverty	—	9.6	9.0	8.9	9.1	8.6	9.0	8.9
200% poverty and above	—	8.7	7.6	8.0	8.2	8.2	7.9	8.1

— Not available.

[a] 1997 Office of Management and Budget (OMB) standards were used to collect race and ethnicity data. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or Asian. Respondents could choose more than one race. Those reporting more than one race were classified as "Two or more races." Data on Hispanic origin are collected separately. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are persons of Native Hawaiian or Other Pacific Islander origin.

NOTE: Major Depressive Episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had at least four additional symptoms (such as problems with sleep, eating, energy, concentration, and feelings of self-worth) as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.[1]

SOURCE: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health.

[1] American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (4th ed.). Washington, DC: Author.

Table HEALTH4.B

Adolescent depression: Percentage of youth ages 12–17 with at least one Major Depressive Episode (MDE) in the past year who received treatment for depression[a] by age, gender, race and Hispanic origin, and poverty status, 2004–2011

Characteristic	2004	2005	2006	2007	2008	2009	2010	2011
Total	40.3	37.8	38.8	39.0	37.7	34.6	37.8	38.4
Age								
Ages 12–13	38.2	32.9	35.1	41.5	33.5	30.0	32.5	36.3
Ages 14–15	35.5	41.1	38.4	36.8	33.6	33.2	38.4	36.3
Ages 16–17	45.0	37.1	40.7	39.8	42.4	37.5	39.3	40.5
Gender								
Male	37.7	34.1	35.3	36.7	34.0	29.2	32.0	35.3
Female	41.3	39.0	40.2	40.0	39.1	36.9	40.1	39.5
Race and Hispanic origin[b]								
White, non-Hispanic	44.9	39.3	41.3	42.7	43.1	37.7	41.1	41.4
Black, non-Hispanic	28.9	39.3	29.1	39.7	32.4	23.9	23.0	41.0
Hispanic	36.8	31.8	35.9	28.2	30.4	33.0	38.4	29.4
Poverty status								
Below 100% poverty	—	37.3	33.1	39.7	40.0	32.1	33.8	37.9
100–199% poverty	—	32.1	40.7	37.1	38.8	32.2	39.1	39.1
200% poverty and above	—	40.1	39.8	39.6	36.7	36.2	38.4	38.2

— Not available.

[a] Treatment is defined as seeing or talking to a medical doctor or other professional or using prescription medication in the past year for depression. Respondents with unknown treatment data were excluded.

[b] 1997 Office of Management and Budget (OMB) standards were used to collect race and ethnicity data. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or Asian. Respondents could choose more than one race. Those reporting more than one race were classified as "Two or more races." Data on Hispanic origin are collected separately. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and "Two or more races."

NOTE: Major Depressive Episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had at least four additional symptoms (such as problems with sleep, eating, energy, concentration and feelings of self-worth) as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).*[1]

SOURCE: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health.

[1] American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (4th ed.). Washington, DC: Author.

Table HEALTH4.C

Adolescent depression: Percentage of youth ages 12–17 who had at least one Major Depressive Episode (MDE) with severe impairment[a] in the past year by age, gender, race and Hispanic origin, and poverty status 2004–2011

Characteristic	2004	2005	2006	2007	2008	2009	2010	2011
Total	6.2	6.0	5.5	5.5	6.0	5.8	5.7	5.7
Age								
Ages 12–13	3.5	3.3	2.7	2.5	3.2	3.2	3.0	2.8
Ages 14–15	6.3	6.6	6.0	6.0	6.1	6.2	6.1	5.9
Ages 16–17	8.8	8.1	7.5	7.9	8.4	7.7	7.7	8.1
Gender								
Male	3.3	2.9	2.6	3.0	2.9	3.2	3.2	3.2
Female	9.2	9.4	8.4	8.2	9.3	8.6	8.2	8.3
Race and Hispanic origin[b]								
White, non-Hispanic	6.5	6.3	5.8	5.9	6.5	6.1	6.2	5.9
Black, non-Hispanic	5.0	5.1	3.9	5.1	4.6	5.7	4.5	5.4
American Indian or Alaska Native	4.9	4.1	6.6	2.6	6.5	4.3	5.4	9.8
Asian	4.4	3.7	5.3	3.9	4.7	5.0	4.3	5.0
Two or more races	9.3	7.7	8.0	7.8	10.2	6.0	5.9	8.1
Hispanic	6.1	6.2	5.4	5.1	5.1	5.4	5.4	5.2
Poverty status								
Below 100% poverty	—	5.2	5.4	5.2	5.7	5.5	5.5	5.9
100–199% poverty	—	6.7	6.2	6.1	6.8	6.2	6.1	6.2
200% poverty and above	—	6.0	5.2	5.5	5.8	5.8	5.5	5.4

— Not available.

[a] Impairment is identified using the Sheehan Disability Scale (SDS)[1] items that measure the impact of Major Depressive Episode (MDE) across four role domains: (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life. Ratings are made on a 0 to 10 scale with ratings greater than or equal to 7 considered severe impairment.

[b] 1997 Office of Management and Budget (OMB) standards were used to collect race and ethnicity data. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or Asian. Respondents could choose more than one race. Those reporting more than one race were classified as "Two or more races." Data on Hispanic origin are collected separately. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are persons of Native Hawaiian or Other Pacific Islander origin.

NOTE: MDE is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had at least four additional symptoms (such as problems with sleep, eating, energy, concentration and feelings of self-worth) as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.[2]

SOURCE: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health.

[1] Leon, A.C., Olfson, M., Portera, L., Farber, L., and Sheehan, D.V. (1997). Assessing psychiatric impairment in primary care with the Sheehan Disability Scale. *International Journal of Methods in Psychiatric Research, 27*(2): 93–105.

[2] American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (4th ed.). Washington, DC: Author.

Table HEALTH5

Activity limitation: Percentage of children ages 5–17 with activity limitation resulting from one or more chronic health conditions[a] by gender, poverty status, and race and Hispanic origin, selected years 1997–2011

Characteristic	1997	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Ages 5–17													
Total	7.8	7.0	8.0	8.5	8.1	8.4	8.0	8.6	8.3	8.7	9.4	9.2	9.3
Special education only[b]	5.4	5.0	6.2	6.3	6.3	6.3	6.1	6.7	6.5	6.8	7.5	7.2	7.2
Other limitations[c]	2.4	2.0	1.8	2.1	1.8	2.1	1.8	1.9	1.8	1.9	1.9	2.1	2.0
Gender													
Male	10.0	8.8	10.4	10.7	10.1	10.6	10.2	11.0	10.8	11.3	12.0	11.8	11.7
Special education only[b]	7.2	6.5	8.2	8.2	8.1	8.0	8.1	8.8	8.7	9.0	9.8	9.4	9.5
Other limitations[c]	2.8	2.4	2.2	2.5	2.0	2.5	2.1	2.2	2.1	2.3	2.1	2.4	2.2
Female	5.5	5.1	5.5	6.2	6.0	6.1	5.7	6.1	5.6	6.0	6.6	6.5	6.8
Special education only[b]	3.5	3.6	4.0	4.4	4.4	4.5	4.1	4.4	4.2	4.5	5.0	4.8	4.9
Other limitations[c]	2.0	1.5	1.5	1.8	1.6	1.6	1.6	1.6	1.5	1.4	1.6	1.7	1.9
Poverty status[d]													
Below 100% poverty	10.6	9.9	10.8	11.6	10.3	11.7	10.8	11.4	11.6	13.1	12.1	12.5	12.4
Special education only[b]	7.2	7.2	8.3	8.1	7.7	8.7	7.7	8.9	8.7	9.7	9.1	9.2	9.2
Other limitations[c]	3.4	2.7	2.5	3.5	2.6	3.0	3.0	2.5	2.9	3.4	2.9	3.4	3.3
100–199% poverty	9.3	8.0	8.9	10.5	10.0	9.7	9.1	9.8	10.1	9.2	11.4	11.0	9.7
Special education only[b]	7.0	5.6	6.7	7.9	7.3	7.1	7.3	7.7	7.9	7.3	8.6	8.1	7.3
Other limitations[c]	2.3	2.4	2.2	2.6	2.7	2.6	1.8	2.1	2.2	1.9	2.7	2.9	2.4
200% poverty and above	6.3	5.8	6.9	6.9	6.8	7.0	6.8	7.2	6.7	7.2	7.7	7.3	7.9
Special education only[b]	4.2	4.3	5.4	5.3	5.5	5.4	5.3	5.6	5.3	5.8	6.5	6.1	6.5
Other limitations[c]	2.2	1.6	1.5	1.6	1.3	1.6	1.5	1.6	1.3	1.4	1.2	1.3	1.4
Race and Hispanic origin[e]													
White, non-Hispanic	8.3	7.5	8.5	8.8	8.6	8.8	8.3	9.5	9.0	9.8	9.8	9.7	10.1
Special education only[b]	5.8	5.4	6.5	6.6	6.8	6.7	6.2	7.7	7.1	7.9	8.2	7.9	8.1
Other limitations[c]	2.5	2.1	2.0	2.2	1.8	2.1	2.1	1.8	1.9	1.9	1.7	1.8	2.0
Black, non-Hispanic	8.2	7.5	9.0	10.2	8.3	10.3	8.7	8.3	8.9	9.0	10.4	11.2	10.9
Special education only[b]	5.3	5.6	7.0	7.8	6.5	7.7	6.9	5.9	7.2	6.6	7.9	8.7	8.1
Other limitations[c]	2.9	1.9	1.9	2.5	1.8	2.6	1.8	2.4	1.7	2.4	2.6	2.5	2.8
Hispanic	5.9	5.3	5.6	6.7	6.6	6.0	7.0	6.6	6.1	5.9	7.5	7.2	7.2
Special education only[b]	4.0	3.7	4.3	5.0	4.9	4.4	5.6	4.9	4.7	4.4	5.8	5.1	5.4
Other limitations[c]	1.9	1.6	1.2	1.7	1.8	1.7	1.4	1.7	1.4	1.5	1.7	2.1	1.8

[a] Chronic health conditions are conditions that once acquired are not cured or have a duration of 3 months or more.

[b] Special education, as mandated by federal legislation known as the Individuals with Disabilities Education Act (IDEA), is designed to meet the individual needs of the child, and may take place in a regular classroom setting, a separate classroom, a special school, a private school, at home, or at a hospital. To qualify for special education services, a child must have a condition covered by the IDEA that adversely affects educational performance. Children in this category include children identified solely by their use of special education services.

[c] Other limitations include limitations in children's ability to walk, care for themselves, or perform any other activities. Children in this category may also receive special education services.

[d] Starting with *America's Children, 2005,* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 22 to 31 percent of children ages 5–17 in 1997–2011. Therefore, estimates by poverty for 1997–2001 may differ from those in previous editions.

[e] The revised 1997 Office of Management and Budget (OMB) standards for race were used for the 1997–2011 race-specific estimates. A person's race is described by 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 on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race. Race groups included in the total but not shown separately due to the small sample size for each group are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races."

NOTE: The prevalence of activity limitation among children ages 5–17 is based on household responses in the National Health Interview Survey (NHIS) family core questionnaire. The child was considered to have an activity limitation if the parent gave a positive response to any of the following questions about the child: (1) "Does (child's name) receive Special Education Services?" (2) "Because of a physical, mental, or emotional problem, does (child's name) need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside the home?" (3) "Because of a health problem does (child's name) have difficulty walking without using any special equipment?" (4) "Is (child's name) limited in any way because of difficulty remembering or because of periods of confusion?" (5) "Is (child's name) limited in any activities because of physical, mental, or emotional problems?"

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table HEALTH6 Diet quality: Average diet scores for children ages 2–17 as a percentage of Federal diet quality standards by dietary components, 2003–2004, 2005–2006, and 2007–2008

Dietary component	2003–2004	2005–2006	2007–2008
Total Healthy Eating Index-2010 Score	47	47	50
Adequacy (higher score indicates higher consumption)			
Total fruit	66	68	80
Whole fruit	58	68	92
Total vegetables	46	46	46
Greens and beans	14	16	18
Whole grains	16	17	18
Dairy	86	84	83
Total protein foods	80	82	84
Seafood and plant proteins	48	48	42
Fatty acids	31	29	30
Moderation (higher score indicates lower consumption)			
Refined grains	45	43	46
Sodium	55	51	50
Empty calories[a]	40	42	45

[a] Empty calories refers to calories from solid fats (i.e., sources of saturated fats and trans fats) and added sugars (i.e., sugars not naturally occurring).

NOTE: The Healthy Eating Index-2010 (HEI-2010) is a dietary assessment tool comprising 12 components designed to measure quality in terms of how well diets meet the recommendations of the 2010 Dietary Guidelines for Americans and the USDA Food Patterns.[1–3] The HEI-2010 component scores are averages across all children and reflect usual dietary intakes.[3] These scores are expressed as percentages of recommended dietary intake levels. A score corresponding to 100 percent indicates that the recommendation was met or exceeded, on average. A score below 100 percent indicates that average intake does not meet the recommendations for that component. Nine components of the HEI-2010 address dietary adequacy. The remaining three components assess refined grains, sodium, and empty calories, all of which should be consumed in moderation, that is, in limited quantities. For the adequacy components, higher scores reflect higher intakes. For the moderation components, higher scores reflect lower intakes because lower intakes are more desirable. For all components, a higher percentage indicates a higher quality diet.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey, 2003–2004, 2005–2006, 2007–2008 and U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Healthy Eatingt Index-2010.

[1] U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2010). *Dietary Guidelines for Americans.* (7th ed.), 2010. Washington, DC. U.S. Government Printing Office. Available at http://www.cnpp.usda.gov/dietaryguidelines.htm.

[2] Guenther, P.M., Casavale, K.O., Reedy, J., Kirkpatrick, S.I., Hiza, H.A.B., Kuczynski, K.J., Kahle, L.L., and Krebs-Smith, S.M. (2013). Update of the Healthy Eating Index: HEI-2010, *Journal of the Academy of Nutrition and Dietetics, 113*(4), 569–80.

[3] Freedman, L.S., Guenther, P.M., Krebs-Smith, S.M., and Kott, P.S. (2008). A population's mean Healthy Eating Index-2005 scores are best estimated by the score of the population ratio when one 24-hour recall is available. *Journal of Nutrition, 138,* 1725–1729.

Table HEALTH7 Obesity: Percentage of children ages 6–17 who are obese[a] by age, race and Hispanic origin, and gender, selected years 1976–2010

Characteristic	1976–1980	1988–1994	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010
Ages 6–17								
Total	5.7	11.2	15.0	16.5	18.0	16.5	19.2	18.0
Race and Hispanic origin[b]								
White, non-Hispanic	4.9	10.5	11.3	14.6	17.3	13.8	17.4	14.6
Black, non-Hispanic	8.2	14.0	21.1	20.4	21.7	21.3	22.4	25.7
All Hispanics	—	—	—	—	—	—	24.4	23.1
Mexican American	—	15.4	24.1	21.5	19.6	25.6	24.2	23.4
Gender								
Male	5.5	11.8	15.7	18.0	19.1	17.2	21.0	19.7
Female	5.8	10.6	14.3	15.1	16.8	15.9	17.3	16.2
Ages 6–11								
Total	6.5	11.3	15.1	16.3	18.8	15.1	19.6	18.0
Gender								
Male	6.7	11.6	15.7	17.5	19.9	16.2	21.2	20.1
Female	6.4	11.0	14.3	14.9	17.6	14.1	18.0	15.7
Ages 12–17								
Total	5.0	11.1	14.9	16.8	17.2	17.8	18.8	18.0
Gender								
Male	4.5	12.0	15.6	18.4	18.3	18.1	20.8	19.4
Female	5.4	10.2	14.2	15.2	16.0	17.5	16.7	16.5

—Not available.

[a] Previously a body mass index (BMI) at or above the 95th percentile of the sex-specific BMI growth charts was termed overweight (http://www.cdc.gov/growthcharts). Beginning with *America's Children, 2010,* a BMI at or above the 95th percentile is termed obese to be consistent with other National Center for Health Statistics (NCHS) publications. Estimates of obesity are comparable to estimates of overweight in past reports.[1]

[b] From 1976 to 1994, the 1977 Office of Management and Budget (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. For 1999–2010, the revised 1997 OMB standards for data on race and ethnicity 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. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 1999, those in each racial category represent those reporting only one race. Data from 1999 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately but combined for reporting. Persons of Mexican origin may be of any race. From 1976 to 2006, the National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican origin. Beginning in 2007, NHANES allows for reporting of both total Hispanics and Mexican Americans.

NOTE: All estimates have a relative standard error of less than 30 percent and meet agency standards for publication. Observed differences between 2-year estimates for race/ethnic groups are not statistically significant unless noted.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

[1] Ogden, C.L., and Flegal, K.M. (2010). Changes in terminology for childhood overweight and obesity. *National Health Statistics Reports, 25.* Hyattsville, MD: National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf.

Table HEALTH8.A Asthma: Percentage of children ages 0–17 with asthma, selected years 1980–2011

Characteristic	1980[a]	1990[a]	1995[a]	1997	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Asthma in past 12 months[b]	3.6	5.8	7.5	—	—	—	—	—	—	—	—	—	—	—	—
Ever diagnosed with asthma[c]	—	—	—	11.4	12.7	12.3	12.5	12.2	12.7	13.5	13.1	13.8	13.8	13.6	14.0
Currently have asthma[d]	—	—	—	—	8.8	8.4	8.5	8.5	8.9	9.3	9.1	9.4	9.6	9.4	9.5
Having at least one asthma attack[e]	—	—	—	5.4	5.7	5.8	5.5	5.6	5.2	5.6	5.2	5.6	5.5	5.7	5.5

— Not available.

[a] In 1997, the National Health Interview Survey (NHIS) was redesigned. Data for years prior to 1997 are not strictly comparable to data from 1997 forward.

[b] Children with asthma in the past 12 months.

[c] Children ever diagnosed with asthma by a doctor or other health care professional.

[d] Children ever diagnosed with asthma who currently have asthma.

[e] Children having had an episode of asthma or an asthma attack in the past 12 months.

NOTE: From 1997 to 2011, children are identified as ever diagnosed with asthma by asking parents "Has a doctor or other health professional EVER told you that your child has asthma?" If the parent answered YES to this question, they were then asked (1) "Does your child still have asthma?" and (2) "During the past 12 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 and identifies children who currently have asthma.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table HEALTH8.B Asthma: Percentage of children ages 0–17 who currently have asthma[a] by age, poverty status, race and Hispanic origin, and area of residence, 2001–2011

Characteristic	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Age											
Ages 0–5	6.2	6.4	6.3	6.4	7.2	6.9	7.1	7.4	7.0	6.8	7.5
Ages 6–10	9.8	8.6	9.4	8.3	10.0	11.4	9.1	10.1	10.2	10.7	9.4
Ages 11–17	10.1	9.7	9.8	10.3	9.6	9.9	10.9	10.8	11.5	10.8	11.4
Poverty status[b]											
Below 100% poverty	10.8	11.6	10.9	9.6	10.6	12.2	11.4	11.5	13.5	12.1	12.5
100–199% poverty	8.6	7.8	8.3	9.3	8.3	9.6	9.8	10.2	9.5	10.2	10.2
200% poverty and above	8.2	7.6	7.9	7.9	8.6	8.1	8.1	8.5	8.3	7.9	8.0
Race and Hispanic origin[c]											
White, non-Hispanic	8.5	8.0	7.5	8.2	7.9	8.6	7.3	8.8	8.5	8.2	7.8
Black, non-Hispanic	11.3	12.7	13.4	12.4	13.1	12.8	15.4	15.7	17.0	15.9	16.3
American Indian or Alaska Native	*	12.0	16.2	*	*	*	*	16.4	*	*	*
Asian	7.3	5.3	*	3.4	6.5	6.3	7.4	3.7	7.7	8.4	7.0
Hispanic	7.2	6.3	7.4	6.9	8.6	9.0	9.3	6.7	7.7	8.1	9.6
Mexican	5.1	4.4	4.9	5.4	7.4	6.6	8.5	5.9	6.6	6.9	7.8
Puerto Rican	18.2	17.3	20.6	18.4	19.9	25.7	14.8	15.5	15.7	19.5	24.8
Area of residence[d]											
Central city	8.8	8.4	9.1	8.7	10.3	10.5	9.9	10.7	10.0	10.1	10.4
Non-central city	8.8	8.4	8.3	8.4	8.4	8.8	8.8	8.9	9.4	9.0	9.1

* The estimate is considered unreliable (relative standard error is greater than 30 percent).

[a] Children ever diagnosed with asthma who currently have asthma.

[b] Missing family income data were imputed for 19 to 31 percent of children ages 0–17 in 2001–2011.

[c] The revised 1997 Office of Management and Budget (OMB) standards for race were used for the 2001–2011 race-specific estimates. A person's race is described by one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately, but are combined for reporting. Included in other categories but not shown separately under race and Hispanic origin are Native Hawaiians or Other Pacific Islanders and respondents with "Two or more races." Persons of Hispanic origin may be of any race.

[d] "Central city" is defined as the central city of a Metropolitan Statistical Area (MSA), while "Non-central city" is defined as an area in an MSA outside of the central city or in an area outside of an MSA. For more information on MSAs, see National Center for Health Statistics. (2011). *Health, United States, 2010: With special feature on death and dying.* Hyattsville, Maryland. http://www.cdc.gov/nchs/data/hus/hus10_InBrief.pdf.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table SPECIAL1 **Early skills and knowledge: Children's reading, mathematics, and science scale scores and approaches to learning scores in the first year of kinderga ten by selected characteristics: 2010–2011**

Characteristic	Number of children (in thousands)	Percentage distribution of children	Average kindergarten reading score[a]		Average mathematics score[b]		Average spring science score[c]	Average approaches to learning score[d]	
			Fall	Spring	Fall	Spring		Fall	Spring
Total	3,473	100.0	34.7	49.5	29.3	42.0	11.4	2.9	3.1
Standard deviation of score	†	†	11.7	11.7	10.7	11.2	2.8	0.7	0.7
Gender									
Male	1,780	51.2	34.0	48.5	29.4	42.0	11.4	2.8	2.9
Female	1,693	48.8	35.4	50.5	29.2	42.0	11.3	3.1	3.3
Age of child at kindergarten entry in fall 2010									
Less than 5 years old	147	4.2	31.0	44.9	24.7	36.9	10.2	2.8	3.0
5 years old to 5½ years old	1,479	42.6	32.9	47.9	26.9	39.9	10.9	2.9	3.0
More than 5½ years old to 6 years old	1,536	44.2	36.0	50.8	31.1	43.7	11.8	3.0	3.2
More than 6 years old	312	9.0	38.3	52.6	34.1	46.3	12.2	3.1	3.2
Race and Hispanic origin of child[e]									
White, non-Hispanic	1,844	53.1	36.6	51.6	31.7	44.6	12.4	3.0	3.1
Black, non-Hispanic	458	13.2	32.9	47.1	25.8	37.5	10.0	2.8	2.9
American Indian/Alaska Native, non-Hispanic	43	1.2!	31.1	46.0	26.3	40.2	11.5	2.9	3.1
Asian, non-Hispanic	143	4.1	40.5	54.0	34.6	46.0	10.8	3.1	3.2
Native Hawaiian/Pacific Islander, non-Hispanic	13	0.4	31.5	48.0	27.4	40.8	9.9	2.8	3.0
Two or more races, non-Hispanic	148	4.3	36.2	50.9	30.5	43.2	12.0	3.0	3.1
Hispanic	822	23.7	30.3	45.4	24.7	37.9	9.7	2.9	3.1
Primary type of nonparental care arrangement prior to kindergarten entry[f]									
No regular nonparental arrangement	699	20.9	31.7	47.3	26.3	39.8	10.7	2.9	3.1
Home-based care									
Relative care	499	14.9	32.4	48.2	27.3	40.3	11.0	2.9	3.1
Nonrelative care	212	6.3	35.3	50.8	31.3	44.5	12.0	3.0	3.2
Center-based care	1,850	55.3	36.4	50.6	30.8	43.1	11.6	3.0	3.1
Multiple arrangements	84	2.5	36.6	50.9	31.2	43.3	12.0	3.0	3.1
Parents' employment status in fall 2010[g]									
Two parents									
Both full-time (35 hours or more)	787	25.7	37.4	52.2	32.1	44.8	12.0	3.0	3.2
One full-time, one part-time	505	16.5	37.3	52.1	32.3	44.9	12.2	3.1	3.2
One full-time, one looking for work	130	4.3	32.7	48.2	27.3	40.3	10.9	2.9	3.1
One full-time, one not in the labor force	737	24.1	35.6	50.1	30.2	42.9	11.6	3.0	3.2
Other combination	203	6.5	31.4	46.4	25.7	38.7	10.5	2.9	3.0
Single parent									
Full-time (35 hours or more)	328	10.7	32.9	47.5	26.9	39.3	10.8	2.8	3.0
Part-time (less than 35 hours)	127	4.2	31.7	46.7	26.5	38.7	10.7	2.9	3.0
Looking for work	106	3.5	29.4	44.4	24.0	36.5	10.2	2.7	2.9
Not in the labor force	123	4.0	30.0	44.3	24.1	36.8	10.2	2.7	2.8
Other parents	69	2.3	30.5	45.5	24.6	37.3	10.7	2.7	2.8

See notes at end of table.

Table SPECIAL1 (cont.) **Early skills and knowledge: Children's reading, mathematics, and science scale scores and approaches to learning scores in the first year of kinderga ten by selected characteristics: 2010–2011**

Characteristic	Number of children (in thousands)	Percentage distribution of children	Average kindergarten reading score[a]		Average mathematics score[b]		Average spring science score[c]	Average approaches to learning score[d]	
			Fall	Spring	Fall	Spring		Fall	Spring
Parents' highest level of education[h]									
Less than high school	309	8.9	26.3	41.5	21.0	34.3	8.7	2.8	3.0
High school diploma or equivalent	707	20.4	29.9	45.2	24.7	37.4	10.2	2.8	3.0
Some college/vocational	1,122	32.4	33.7	48.7	28.4	41.1	11.3	2.9	3.0
Bachelor's degree	694	20.0	38.4	52.9	33.1	45.8	12.3	3.1	3.2
Any graduate education	630	18.2	41.6	55.5	35.7	48.1	12.8	3.1	3.3
Family type in fall 2010									
Two-parent household	2,433	75.6	36.0	50.7	30.7	43.4	11.7	3.0	3.2
Mother-only household	667	20.7	31.6	46.2	25.9	38.3	10.5	2.8	2.9
Father-only household	49	1.5	31.8	46.7	26.3	39.2	11.5	2.8	2.9
Other family type	69	2.2	30.5	45.5	24.6	37.3	10.7	2.7	2.8
Primary home language[i]									
English	2,910	84.0	35.6	50.5	30.2	42.9	11.8	2.9	3.1
Non-English	514	14.8	29.4	44.2	24.1	37.3	8.8	2.9	3.1
Primary language not identified	39	1.1	31.3	46.8	25.8	38.3	9.6	2.8	3.0
Poverty status in spring 2011[j]									
Below 100% of poverty	707	24.7	29.6	44.4	24.1	36.8	9.8	2.8	2.9
100–199% of poverty	636	22.2	33.4	48.4	27.9	40.6	11.1	2.9	3.1
200% of poverty and above	1,519	53.1	38.6	53.1	33.3	45.9	12.5	3.1	3.2
Socioeconomic status[k]									
Lowest 20 percent	645	18.6	27.8	42.8	22.3	35.3	9.3	2.8	3.0
Middle 60 percent	2,102	60.7	34.4	49.4	29.1	41.9	11.4	2.9	3.1
Highest 20 percent	715	20.6	41.7	55.6	35.9	48.3	12.9	3.1	3.3

See notes at end of table.

Table SPECIAL1 (cont.) **Early skills and knowledge: Children's reading, mathematics, and science scale scores and approaches to learning scores in the first year of kinderga ten by selected characteristics: 2010–2011**

Characteristic	Number of children (in thousands)	Percentage distribution of children	Average kindergarten reading score[a]		Average mathematics score[b]		Average spring science score[c]	Average approaches to learning score[d]	
			Fall	Spring	Fall	Spring		Fall	Spring
School type in fall 2010									
Public	3,074	88.5	34.3	49.1	28.8	41.5	11.2	2.9	3.1
Private	399	11.5	37.9	52.1	32.9	45.8	12.3	3.1	3.2

† Not applicable.

! Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 and 50 percent.

[a] Reflects performance on questions measuring basic skills (print familiarity, letter recognition, beginning and ending sounds, rhyming words, word recognition), vocabulary knowledge, and reading comprehension (including locate/recall questions, integrate/interpret questions, and critique/evaluate questions about text the children were asked to read). Potential scores range from 0 to 83.

[b] Reflects performance on questions on number sense, properties, and operations; measurement; geometry and spatial sense; data analysis, statistics, and probability; and pre-algebra skills such as identification of patterns. Potential scores range from 0 to 75.

[c] Science was only assessed in the spring of kindergarten. Reflects performance on questions on physical sciences, life sciences, environmental sciences, and scientific inquiry. Potential scores range from 0 to 20.

[d] The approaches to learning scale is based on teachers' reports on how students rate in seven areas: attentiveness, task persistence, eagerness to learn, learning independence, flexibility, organization, and ability to follow classroom rules. Potential scores range from 1 to 4, with higher scores indicating that a child exhibits positive learning behaviors more often.

[e] According to the revised 1997 OMB standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." Those in a given racial category represent those reporting only that race. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[f] The type of nonparental care in which the child spent the most hours. "Multiple arrangements" refers to children who spent an equal amount of time in each of two or more arrangements.

[g] Two parents includes two biological parents, two adoptive parents, and one biological/adoptive parent and one other parent/partner. One parent refers to one biological or adoptive parent only. Other refers to related and/or unrelated guardians.

[h] Parents' highest level of education is the highest level of education achieved by either of the parents or guardians in a two-parent household or by the only parent or guardian in a single-parent household.

[i] Primary home language was asked of the parent interview respondent. In some instances, children lived in a home where more than one language, including English, was spoken and the parent respondent could not choose a primary language. These children are coded in a third category indicating that a primary language was not identified. Children whose parents indicated they spoke more than one language equally are in the third category.

[j] Poverty status is based on preliminary U.S. Census thresholds for 2010, which identify incomes determined to meet household needs, given size. For example, in 2010, a family of two was below the poverty threshold if its income was lower than $14,220.

[k] Socioeconomic status (SES) was measured by a composite score based on parental education and occupations, and household income. SES was computed at the household level using data from parents who completed the parent interview and reflects the socioeconomic status of the household at the time of data collection.

NOTE: Estimates weighted by W1_2P0. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. Unless otherwise noted, row variables were collected in the fall of 2010 and supplemented in the spring of 2011 for fall 2010 nonrespondents. Detail may not sum to totals because of rounding and survey item nonresponse.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–2011 (ECLS-K:2011), Preliminary Restricted-Use Data File.

Appendix B:
Data Source Descriptions

Data Source Descriptions

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Data Source Descriptions

Air Quality System

The Air Quality System (AQS) contains ambient air pollution data collected by the U.S. Environmental Protection Agency (EPA) and by state, local, and tribal air pollution control agencies. Data on criteria pollutants (particulate matter, ozone, carbon monoxide, nitrogen dioxide, sulfur dioxide, and lead) consist of air quality measurements collected by sensitive equipment at thousands of monitoring stations in all 50 states, plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Each monitor measures the concentration of a particular pollutant in the air. Monitoring data indicate the average pollutant concentration during a specified time interval, usually 1 hour or 24 hours. AQS also contains meteorological data, descriptive information about each monitoring station (including its geographic location and its operator), and data quality assurance/quality control information. Data are available from AQS beginning with the year 1957. The system is administered by the EPA's Office of Air Quality Planning and Standards (OAQPS), Outreach and Information Division (OID), located in Research Triangle Park, North Carolina. For the Outdoor Air Quality indicator, a county is considered to have a pollutant concentration above the level of the current air quality standard if the measured pollutant level was greater than the level of the standard at any monitor within the county during the year. The indicator is calculated as the sum of children living in counties with pollutant concentrations above the level of a standard divided by the total number of children in the United States.

This calculation differs from the method for identifying areas in violation of an air quality standard. See *America's Children and the Environment,* Third Edition, at http://www.epa.gov/ace (Indicator E1) for further discussion.

Information about the AQS is available online at http://www.epa.gov/airdata/.

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American Community Survey

The American Community Survey (ACS) is an annual nationwide survey that replaced the long form in decennial censuses beginning in 2010. The objective of the ACS is to provide data users with timely housing, social, and economic data that is updated every year and can be compared across states, communities, and population groups.

The ACS was implemented in three parts: (1) Demonstration period, 1996–1998, beginning at four sites; (2) Comparison site period, 1999–2004, comparing 31 sites continuously over this period as well as adding other counties to the survey in preparation for full implementation; and (3) Full implementation nationwide in 2005. (Sampling of group quarters was added in 2006.) Starting in January 2005, the U.S. Census Bureau implemented the American Community Survey in every county of the United States with an annual sample of 3 million housing units. Beginning in 2006, the survey data have been available every year for large geographic areas and population groups of 65,000 or more.

For small areas and population groups of 20,000 or less, a period of 5 years is necessary to accumulate a large enough sample to provide estimates with accuracy similar to the decennial census. Each month, a systematic sample of addresses is selected from the most current Master Address File (MAF). The sample represents the entire United States. Data are generally collected by mail; however, households that do not respond by mail may be contacted using computer-assisted telephone interviewing (CATI), computer-assisted personal interviewing (CAPI), or both.

Information about the American Community Survey is available online at http://www.census.gov/acs/www/index.html.

Agency Contact:
U.S. Census Customer Service Center
ask.census.gov
Phone: 1-800-923-8282
E-mail: hhes@census.gov

American Housing Survey

The American Housing Survey (AHS) is sponsored by the Office of Policy Development and Research of the U.S. Department of Housing and Urban Development and is conducted by the U.S. Census Bureau. The survey provides data necessary for evaluating progress toward "a decent home and a suitable living environment for every American family," a goal affirmed in 1949 and 1968 legislation. The AHS began as an annual survey in 1973 and has been conducted biennially in odd numbered years since 1985. A longitudinal, nationally representative sample of 50,000 housing units plus newly constructed units has been surveyed since 1985. Transient accommodations, military and worker housing, and institutional quarters are excluded. AHS data detail the types, size, conditions, characteristics, costs and values, equipment, utilities, and dynamics of the housing inventory, as well as some information about neighborhood conditions. Data about occupants include demographic, financial, and mobility characteristics of the occupants. Since 1997, the AHS has been conducted using computer-assisted personal interviewing.

Information about the American Housing Survey is available online at http://www.huduser.org/portal/datasets/ahs.html.

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Current Population Survey

Core survey and supplements. The Current Population Survey (CPS) is a nationwide survey of about 60,000 households conducted monthly for the U.S. Bureau of Labor Statistics by the U.S. Census Bureau. The survey is representative of the civilian noninstitutionalized population of the United States with sample located in more than 2,000 counties and independent cities and coverage in every state and in the District of Columbia.

The CPS core survey is the primary source of information on the employment characteristics of the noninstitutionalized civilian population, including estimates of unemployment released every month by the U.S. Bureau of Labor Statistics.

The CPS sample is selected from a complete address list of geographically delineated primary sampling units, which are based on census addresses and updated using recent construction and other data. It is administered through field representatives, either in person or by telephone using computer-assisted personal interviewing (CAPI). Some CPS data are also collected through a centralized telephone operation, computer-assisted telephone interviewing (CATI). For more information regarding the CPS, its sampling structure, and estimation methodology, see *Current Population Survey Design and Methodology Technical Paper 66,* Bureau of Labor Statistics, October 2006, available online at http://www.census.gov/prod/2006pubs/tp-66.pdf.

In addition to the core survey, monthly CPS supplements provide additional demographic and social data. The Annual Social and Economic Supplement (ASEC)—formerly called the March Supplement—and the October school enrollment supplement provide information used to estimate the status and well-being of children. The ASEC and school enrollment supplements have been administered every year since 1947. The food security supplement, introduced in April 1995 and administered in December since 2001, collects information on households' economic access to enough food, actual food spending, and use of Federal and community food assistance programs.

The *Annual Social and Economic Supplement (ASEC)* reflects interviews based on a sample of about 100,000 households. The ASEC (formerly the March Supplement) now includes data collected in February, March, and April. In September 2000, the U.S. Census Bureau began expanding the monthly CPS sample in 31 states and the District of Columbia. States were identified for sample supplementation based on the standard error of their March estimate of low-income children without health insurance. Effective with the release of July 2001 data, official labor force estimates from the CPS reflect the expansion of the monthly CPS sample from about 50,000 to about 60,000 eligible households. This expansion of the monthly CPS sample was one part of the U.S. Census Bureau's plan for meeting the requirement of the State Children's Health Insurance Program (SCHIP) legislation that the U.S. Census Bureau improve state-level estimates of the number of children who live in low-income families and lack health insurance. These estimates are obtained from the ASEC supplement to the CPS.

The *school enrollment supplement* to the CPS asks questions by grade level, the highest level of school completed or degree attained, and on other school characteristics for each member of the household age 3 or older.

The *food security supplement* contains a systematic set of questions validated as measures of severity of food insecurity on a 12-month and a 30-day basis. Statistics presented in this report are based on 12-month data from the CPS food security supplements. The food security questions are based on material reported in prior research on hunger and food security and reflect the consensus of nearly 100 experts at the 1994 Food Security and Measurement Conference, convened jointly by the National Center for Health Statistics (NCHS) and the Food and Nutrition Service of the U.S. Department of Agriculture. The supplement was developed, tested, and refined further by the conferees, members of a Federal interagency working group, and survey methods specialists for the U.S. Census Bureau's Center for Survey Methods Research. All households interviewed in the CPS in December are eligible for the supplement. Special supplement sample weights were computed to adjust for the demographic characteristics of supplement noninterviews.

Information about food security is available online at the Economic Research Service at http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx.

Information about the CPS is available online at http://www.census.gov/cps.

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Decennial Census Data

The Census Bureau conducted decennial censuses in the United States in 1990, 2000, and 2010, as well as in previous decades, back to 1790. Statistical data from the censuses of 2000 and 2010 are available through American Fact Finder. The data from the 1990 decennial census are archived and are searchable in American Fact Finder by including "archived products" in the search.

Date:

- April 1, 2000 (Census Day) is the reference date for Census 2000.
- April 1, 2010 (Census Day) is the reference date for the 2010 Census.

The Topic Search/Survey category "Census United States" covers the 50 states and the District of Columbia.

Census 2000 and earlier decennial censuses gathered information on demographic, social, economic, and housing characteristics of the population. Census 2000 datasets include more subjects than those for 2010, because Census 2000 used both a short form (with a limited number of characteristics for every person and every housing unit) and a long form (with additional questions asked of a sample of persons and housing units). The short form provided information on age, sex, race, Hispanic or Latino origin, household relationship, tenure (whether a housing unit is owner- or renter-occupied), and occupancy status. The long form covered additional population characteristics such as income, educational attainment, labor force status, place of birth, etc., and additional housing characteristics.

In the 2010 Census of the United States a limited number of questions were asked of every person and every housing unit. Population and housing characteristics not covered in the 2010 Census can be found in data from the American Community Survey, also available on American Fact Finder.

In any large-scale statistical operation such as the 2010 Census, human- and computer-related errors occur. These errors are commonly referred to as nonsampling errors. Such errors include not enumerating every household or every person in the population, not obtaining all required information from the respondents, obtaining incorrect or inconsistent information, and recording information incorrectly. The primary sources of error and the programs instituted to control error in Census 2010 are described in detail in 2010 Census Redistricting Data (Public Law 94-171) in Chapter 7, "2010 Census: Operational Overview and Accuracy of the Data" located at http://www.census.gov/prod/cen2010/doc/pl94-171.pdf.

While it is impossible to completely eliminate nonsampling error from an operation as large and complex as the decennial census, the Census Bureau attempts to control the sources of such error during the collection and processing operations.

For information on the computation and use of standard errors, contact:

U.S. Census Customer Service Center
ask.census.gov
Phone: 1-800-923-8282
E-mail: hhes@census.gov

Early Childhood Longitudinal Study, Kindergarten Class of 2010–2011 (ECLS-K:2011)

The Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011) is sponsored by the National Center for Education Statistics (NCES) in the Institute of Education Sciences of the U.S. Department of Education to provide detailed information on the school achievement and experiences of students throughout their elementary school years. The students participating in the ECLS-K:2011 are being followed longitudinally from kindergarten (the 2010–11 school year) through the spring of 2016, when most of them are expected to be in fifth grade. This sample of students is designed to be nationally representative of all students who were enrolled in kindergarten or who were of kindergarten age and being educated in an ungraded classroom or school in the United States in the 2010–11 school year, including those in public and private schools, those who attended full-day and part-day programs, those who were in kindergarten for the first time, and those who were kindergarten repeaters. Students who attended early learning centers or institutions that offered education only through kindergarten are included in the study sample and represented in the cohort.

The ECLS-K:2011 places emphasis on measuring students' experiences within multiple contexts and development in multiple domains. The design of the study includes the collection of information from the students, their parents/guardians, their teachers, their schools, and their before- and after-school care providers.

A nationally representative sample of approximately 18,200 children enrolled in 970 schools during the 2010–11 school year participated in the base-year of the ECLS-K:2011. The sample includes children from different racial/ethnic and socioeconomic backgrounds. Asian/Pacific Islander students were oversampled to assure that the sample included enough students of this race/ethnicity to be able to make accurate estimates for these students as a group. Two data collections were conducted in the 2010-11 school year, one in the fall and one in the spring. A total of approximately 780 of the 1,320 originally sampled schools participated during the base year of the study. This translates into a weighted unit response rate (weighted by the base weight) of 63 percent for the base year.

Information about ECLS-K:2011 is available online at http://nces.ed.gov/ecls/.

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High School Transcript Studies

High school transcript studies have been conducted by the National Center for Education Statistics (NCES) as part of the Longitudinal Studies Program and the National Assessment of Educational Progress (NAEP) High School Transcript Studies (HSTS) program since 1982. Each transcript study is associated with a major NCES data collection. For example, the first NCES-sponsored transcript study was associated with the first follow-up survey of the High School and Beyond Study (HS&B) in 1982. The second follow-up of the National Educational Longitudinal Study (NELS:88) was associated with the 1992 transcript collection. A third transcript study associated with the longitudinal study series was conducted for the Educational Longitudinal Study (ELS:2002) in 2004/05. In addition, NAEP collected transcript data in 1987, 1990, 1994, 1998, 2000, 2005, and 2009.

The transcript studies collect information that is contained on the student high school record—i.e., courses taken while attending secondary school; information on credits earned; year and term a specific course was taken; and final grades. When available, information on class rank and standardized scores is also collected. Once collected, information (e.g., course name, credits earned, course grades) is transcribed and standardized (e.g., credits and credit hours standardized to a common metric) and can be linked back to the student's questionnaire or assessment data.

The 1982 data are based on approximately 12,000 transcripts collected by the HS&B Study. The 1987 data are based on approximately 25,000 transcripts from 400 schools obtained as part of the 1987 NAEP High School Transcript Study, a scope comparable to that of the NAEP transcript studies conducted in 1990, 1994, 1998, and 2000. The 1992 data are based on approximately 15,000 transcripts collected by the National Education Longitudinal Study of 1988 (NELS:88/92). The 2009 NAEP High School Transcript Study (HSTS) collected a sample of transcripts from over 37,700 students from 610 public schools and 130 private schools.

The NAEP HSTS provide coursetaking and demographic information for a nationally representative, stratified sample of high school seniors. The HSTS provide the U.S. Department of Education and other education policymakers with information regarding current course offerings and coursetaking patterns in the Nation's secondary schools. In addition, they provide information on the relationship of student coursetaking patterns to

achievement as measured by NAEP. The NAEP studies excluded students who did not graduate from high school, had not received a "regular" or "honors" diploma, or did not have complete transcript data.

Information on NAEP high school transcript studies is available online at http://nces.ed.gov/nationsreportcard/hsts/.

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Information on all other high school transcript studies is available online at http://nces.ed.gov/surveys/hst.

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Monitoring the Future

The Monitoring the Future (MTF) study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth. Each year since 1975, high school seniors from a representative sample of public and private high schools have participated in this study. The 2012 survey is the 22nd survey to include comparable samples of 8th- and 10th-graders in addition to seniors. The study is conducted by the University of Michigan's Institute for Social Research (ISR) under a grant from the National Institute on Drug Abuse. The survey design consists of a multistage random sample where the stages include selection of geographic areas, selection of one or more schools in each area, and selection of a sample of students within each school. Data are collected in the spring of each year using questionnaires administered in the classroom by representatives from ISR. The 2012 survey included 14,300 12th-graders, 15,400 10th-graders, and 15,700 8th-graders from 395 schools (a total of 45,400 students).

Adjustments in 10th-grade change scores in 2009. All figures and tables in this report omit the data point from the 2008 survey of 10th-graders, because the data for that year was believed to be inaccurate due to sampling error, a highly unusual occurrence. This is the first time there was a need to adjust the data from a survey in the 34 years of the study; fortunately, this affects only a single grade.

Several facts led to this decision. First, it was observed that in 2008, 10th grade was the only grade that showed a decline in marijuana use, as well as in the indexes of use that include marijuana. And in 2009 it was the only grade to show an increase in some of those same measures. While trends do sometimes differ from one grade to another, the fact that this happened in just a single year led to the conclusion that the 2008 10th-grade sample likely showed erroneously low levels of use of certain drugs—particularly marijuana and alcohol—most likely due to sampling error. Other findings also supported this interpretation.

An examination of the subgroup trend tables shows that there were unusually large increases of marijuana use in two regions of the country in 2009, the West and the South, raising the possibility that relatively few schools accounted for the increase in that year. Further, there is no evidence in the trend lines from the other two grades that such an increase was actually occurring in those two regions for either marijuana or alcohol, as would be expected if the 10th-grade data accurately represented the population. Finally, an examination of data from 10th-graders in the matched half sample of schools that participated in both the 2008 and 2009 surveys reveals considerably smaller 1-year increases in use of these two drugs than does the full sample analysis. (The changes in the matched half samples are routinely examined to help validate the results from the full samples. Normally, the two indicators of change replicate closely.)

Therefore, it was judged unlikely that the apparent decline in 2008 and sharp increase in 2009 for 10th-graders are accurate characterizations of the total populations. Thus, the 2008 10th-grade data points are omitted in the figures and tables. However, the 1-year change score was calculated utilizing the matched half sample of schools participating in both 2008 and 2009, and it was noted that the change is not significant. Their results should be relatively unaffected by schools entering and leaving the sample each year. Importantly, these adjusted change scores bring the 10th-grade change data much more into line with what is observed to be occurring in the other two grades.

For more information, please see:

Johnston, L.D., O'Malley, P.M., Bachman, J.G., and Schulenberg, J.E. (in press). *Monitoring the Future national survey results on drug use, 1975–2009: Volume I, secondary school students* (NIH Publication No. 10-7584). Bethesda, MD: National Institute on Drug Abuse.

Information about MTF is available online at http://www.nida.nih.gov/DrugPages/MTF.html and http://monitoringthefuture.org.

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National Assessment of Educational Progress

The National Assessment of Educational Progress (NAEP) is mandated by Congress to continuously monitor the knowledge, skills, and performance of the Nation's children and youth. To measure trends in educational performance, NAEP has periodically assessed students in grades 4, 8, and 12 since 1990 in reading and mathematics, as well as in other subjects such as science, writing, and U.S. history. The assessments use the curriculum frameworks developed by the National Assessment Governing Board (NAGB) and the latest advances in assessment methodology. The frameworks use standards developed within the field, using a consensus process involving educators, subject-matter experts, and other interested citizens.

The content and nature of the main NAEP evolves periodically to reflect changes in curriculum and instructional practices. NAEP includes students in public and nonpublic schools. A charter school could be sampled, since such schools are within the universe of public schools, but homeschoolers are not included. Before 2002, the NAEP national sample was an independently selected national sample. However, beginning in 2002, the NAEP national sample was obtained by aggregating the samples from each state. As a result, the size of the national sample increased in 2002, which means that smaller differences between estimates from different administrations and different types of students may now be found to be statistically significant than could have been detected in assessment results reported before 2002.

Until 1996, NAEP assessments excluded certain subgroups of students identified as "special needs students," including students with disabilities and students with limited English proficiency. For the 1996 and 2000 mathematics assessments and the 1998 and 2000 reading assessments, NAEP included separate assessments with provisions for accommodating these students (e.g., extended time, small group testing, mathematics questions read aloud, and so on). For these years, results are reported for both the unaccommodated and accommodated assessments. After 2000, only a single accommodated assessment was administered.

Information about NAEP is available online at http://nces.ed.gov/nationsreportcard.

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National Child Abuse and Neglect Data System

The National Child Abuse and Neglect Data System (NCANDS) annually collects case-level data on reports alleging child abuse and neglect, as well as the results of these reports, from state child protective services (CPS) agencies. The mandate for NCANDS is based on the Child Abuse Prevention and Treatment Act (CAPTA), as amended in 1988, which directed the Secretary of the U.S. Department of Health and Human Services (HHS) to establish a national data collection and analysis program that would make available state child abuse and neglect reporting information. HHS responded by establishing NCANDS as a voluntary, national reporting system. In 1992, HHS produced its first NCANDS report based on data from 1990. The annual data report *Child Maltreatment* evolved from that initial report.

During the early years, states provided aggregated data on key indicators of reporting of alleged child maltreatment. Starting with the 1993 data year, states voluntarily began to submit case-level data. For a number of years, states provided both data sets, but starting with data year 2000, the case-level data set became the primary source of data for the annual report. In 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the extent practicable, on children who had been maltreated. The NCANDS data elements were revised to meet these requirements beginning with the submission of 1998 data.

Currently, all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico submit data to NCANDS. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year were submitted in each state's data file. The data submission containing these case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and often are gathered from agencies that are external to CPS. States are asked to submit both the Child File and the Agency File each year. States that are not able to submit case-level data in the Child File submit an aggregate-only data file called the Summary Data Component (SDC).

The reporting period for 2011 was from October 1, 2010, through September 30, 2011. For FFY 2011, data were received from all 52 states. Of the 52 reporting states, 51 submitted Child Files, 51 submitted Agency Files, and one submitted an SDC.

The Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C. §5101), as amended by the CAPTA Reauthorization Act of 2010 (P.L.111–320), retained the existing definition of child abuse and neglect as, at a minimum:

Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.

Each state defines the types of child abuse and neglect in state statute and policy. CPS agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. The most common response is an investigation. The result of an investigation response is a determination (also known as a disposition) about the alleged child maltreatment.

In NCANDS, a victim is defined as a child for whom the state determined at least one maltreatment was substantiated or indicated and for whom a disposition of substantiated, indicated, or alternative response victim was assigned. It is important to note that a child may be a victim in one report and a nonvictim in another report. Substantiation is a case determination that concludes that the allegation of maltreatment or risk of maltreatment is supported by state law or policy. "Indicated" is a case determination that concludes that although maltreatment cannot be substantiated by state law or policy, there is reason to suspect that the child may have been maltreated or was at risk of maltreatment. Some states are also using an alternative approach, which may be called alternative response, family assessment response (FAR), or differential response (DR). Cases assigned this response often include early determinations that the children have a low risk of maltreatment. This response usually includes the voluntary acceptance of CPS services and the mutual agreement of family needs. Such cases do not usually make a specific determination of the allegation of maltreatment. However, in cases where services are required by the agency rather than provided solely on a voluntary basis, some states also use the concept of a victim. While in general, families who are assigned to an alternative response do not receive a finding on the allegations, in this report the term disposition is used for the determinations of both investigation and alternative responses. Each state that uses alternative response decides how to map its codes for these programs to the NCANDS codes. "Alternative response victim" is a response other than an investigation that determines that a child was a victim of maltreatment.

State statutes also establish the level of evidence needed to determine a disposition of substantiated or indicated. The local child protective services (CPS) agencies respond to the safety needs of the children who are the subjects of child maltreatment reports based on these state definitions and requirements for levels of evidence.

Data collected by NCANDS are a critical source of information for many publications, reports, and activities of the Federal government and other groups. An annual report on child welfare outcomes includes context and outcome data on safety based on state submissions to NCANDS. NCANDS data have been incorporated into the Child and Family Services Reviews (CFSR), which ensure conformity with state plan requirements in titles IV–B and IV–E of the Social Security Act.

Rates are based on the number of states submitting data to NCANDS each year; states include the District of Columbia and Puerto Rico. Information about NCANDS is available online at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

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National Crime Victimization Survey

The National Crime Victimization Survey (NCVS) is the Nation's primary source of information on criminal victimization. The NCVS collects information on nonfatal victimizations, reported and not reported to the police, against persons age 12 or older from a nationally representative sample of U.S. households. The sample for 2011, the most recent year, was about 80,000 households, including about 143,000 persons ages 12 and older interviewed during the year. Sample households are chosen using a multistage stratified sample design. All household members ages 12 and older in selected households are interviewed to obtain information on the frequency, characteristics, and consequences of criminal victimization in the United States. The survey measures 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 and members of various racial and gender groups. Either in person or by telephone, victims are also asked whether they reported the incident to the police. In instances of personal violent crimes, they are asked about the characteristics of the perpetrator. The response rate for 2011 was 88 percent of eligible households and 90 percent of eligible individuals. The NCVS provides the largest national forum

for victims to describe the impact of crime and to provide their characteristics and those of violent offenders. It has been ongoing since 1973 and was redesigned in 1992.

Due to changes in survey methodology in 2006 that mainly affected rural areas, national-level estimates were not comparable to estimates based on NCVS data from previous years. The U.S. Census Bureau, the Bureau of Justice Statistics (BJS), and a panel of outside experts extensively reviewed the 2006 NCVS data and determined that there was a break in series between 2006 and previous years that prevented annual comparison of criminal victimization at the national level. This was mainly the result of three major changes in the survey methodology: (1) introducing a new sample to account for shifts in population and location of households that occur over time; (2) incorporating responses from households that were in the survey for the first time; and (3) using computer-assisted personal interviewing (CAPI). These changes were reversed in 2007, suggesting that the 2006 findings represent a temporary anomaly in the data.

Information about the NCVS is available online at http://bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=245.

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National Health and Nutrition Examination Survey

The National Health and Nutrition Examination Survey (NHANES) program of the Centers for Disease Control and Prevention's National Center for Health Statistics is a series of cross-sectional nationally representative surveys. NHANES uses a complex stratified, multistage probability sampling design. The survey is designed to assess the health and nutritional status of the civilian, noninstitutionalized population of adults and children in the United States. NHANES is unique in that it combines household interviews and physical examinations. Interviewers obtain information on demographic characteristics and health conditions through self-reports (or reports from parents for those less than 16 years of age). Clinical examinations and selected medical and laboratory tests are conducted in mobile examination centers (MECs). Oversampling of certain subgroups, such as Mexican Americans, Blacks, adolescents, adults 60 years and older, and low-income Whites has occurred at different times to improve the statistical reliability of the estimates.

Periodic surveys were conducted from 1971–1974 (NHANES I), from 1976–1980 (NHANES II), and from 1988–1994 (NHANES III). Beginning in 1999, NHANES became a continuous survey. Although each cross-sectional survey provides a national estimate for the U.S. population, data are released for two years combined in order to protect confidentiality and in order to produce stable estimates. It is sometimes necessary to combine four or more years of data to make estimates for subgroups. A two-year interview and examined sample includes approximately 10,000 persons of all ages. Starting in 2007–2008, NHANES oversampled all Hispanics, not just Mexican Americans. For more information on the NHANES data, see http://www.cdc.gov/nchs/data/nhanes/nhanes_03_04/nhanes_analytic_guidelines_dec_2005.pdf.

NHANES data are used to calculate Healthy Eating Index-2005 scores. Participants in NHANES provide information on their dietary intake via an interviewer-administered 24-hour recall of all foods and beverages consumed. Data from the 2007–2008 survey cycle were used to calculate the Healthy Eating Index-2005 (HEI-2005) component scores shown in this edition of *America's Children.* The HEI-2005 has been computed for all individuals ages 2 years and older because the Dietary Guidelines for Americans are not applicable to younger children or infants. Breast-fed children were excluded because breast milk intake was not quantified.

Information about NHANES is available online at http://www.cdc.gov/nchs/nhanes.htm, and information about the Healthy Eating Index-2005 is available at http://www.cnpp.usda.gov/HealthyEatingIndex.htm.

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National Health Interview Survey

The National Health Interview Survey (NHIS) is conducted by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC). NHIS monitors the health of the U.S. population through the collection and analysis of data on a broad range of topics. NHIS is a continuing nationwide sample survey of the noninstitutionalized civilian population in the United States, excluding patients in long-term care facilities, persons on active duty with the Armed forces, prisoners, and U.S. nationals living in foreign countries. Data are collected through personal household interviews by trained interviewers. Prior to 1997, a paper-and-pencil questionnaire format was used. From 1997 onward, computer-assisted personal interviewing (CAPI) was used. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity, through self-reports or reports by a member of the household. Interviewers also collect data on 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 NHIS sample is designed to estimate the national prevalence of health conditions, health service utilization, and health behaviors of the noninstitutionalized civilian population of the United States, and includes an oversample of Black, Hispanic, and since 2006, Asian persons. The household response rate for the ongoing part of the survey has ranged between 80 and 98 percent over the years. The NHIS core questionnaire items are revised about every 10 to 15 years, most recently in 1997. Estimates beginning in 1997 are likely to vary slightly from those for previous years. The sample for the NHIS is redesigned and redrawn about every 10 years to better measure the changing U.S. population and to meet new survey objectives. A new sample design was implemented in 2006. In 2011, interviewers collected information for the family core questionnaire on 101,875 persons, including 12,850 children under 18 years of age.

For background and health data for children, see:

Bloom, B., Cohen, R.A., Freeman G. (2012). Summary health statistics for U.S. children: National Health Interview Survey, 2011. *National Center for Health Statistics. Vital and Health Statistics 10*(254).

Information about NHIS is available online at http://www.cdc.gov/nchs/nhis.htm.

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National Hospital Ambulatory Medical Care Survey

The National Hospital Ambulatory Medical Care Survey (NHAMCS) is conducted by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC). NHAMCS collects data on the utilization and provision of medical care services provided in hospital emergency and outpatient departments. Data are collected from medical records on type of health care provider seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests performed during the visit. Patient data include age, sex, race, and expected source of payment. Data are also collected on selected characteristics of hospitals included in the survey. Annual data collection began in 1992.

The survey is a representative sample of visits to emergency departments (EDs) and outpatient departments (OPDs) of non-Federal, short-stay, or general hospitals. Telephone contacts are excluded. A four-stage probability sample design, involving samples of primary sampling units (PSUs), hospitals within PSUs, clinics within OPDs, and patient visits within clinics is used in NHAMCS.

The hospital sample consists of approximately 500 hospitals. In 2009, 34,942 ED patient record forms (PRFs) were completed, and in 2010, 34,936 PRFs were completed. The ED hospital response rate was 82 percent in 2009 and 85 percent in 2010.

For background information, see:

McCaig, L.F., and McLemore, T. (1994). Plan and operation of the National Hospital Ambulatory Medical Care Survey. *Vital and Health Statistics 1*(34). Hyattsville MD: National Center for Health Statistics. Available online at: http://www.cdc.gov/nchs/data/series/sr_01/sr01_034acc.pdf.

Information about NHAMCS is available on the National Health Care Survey (NHCS) Web site at http://www.cdc.gov/nchs/nhcs.htm or the Ambulatory Health Care Web site at http://www.cdc.gov/nchs/ahcd.htm.

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National Household Education Survey

The National Household Education Surveys Program (NHES), conducted by the National Center for Education Statistics (NCES), collects detailed information about education issues through a household-based survey that uses telephone interviews. The sample for the NHES is drawn from the noninstitutionalized civilian population in households with a telephone in the 50 states and the District of Columbia. In each survey, between 44,000 and 60,000 households are screened to identify persons eligible for one of the topics. Generally, each collection covers two topical surveys, and researchers conduct between 2,500 and 25,000 interviews for each survey. The data are weighted to permit nationally representative estimates of the population of interest. In addition, the NHES design samples minorities at a higher rate than nonminorities to increase the reliability of estimates for smaller groups.

The 1991 NHES included a survey on early childhood program participation. Investigators screened approximately 60,000 households to identify a sample of about 14,000 children, ages 3–8. They interviewed parents 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 survey in which parents of approximately 11,000 children age 3 through 2nd 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 survey, similar to that of 1991. It entailed screening approximately 44,000 households and interviewing 14,000 parents of children from birth through 3rd grade. In 1996, NCES fielded a survey of parent and family involvement in education, interviewing nearly 21,000 parents of children from age 3 through 12th grade. About 8,000 youth in grades 6 through 12 were also interviewed about their community service and civic involvement. The 1999 NHES was designed to collect end-of-the-decade estimates of key indicators collected in previous NHES surveys and to collect data from children and their parents about plans for the child's education after high school. Interviews were conducted with 24,000 parents of children ranging from newborns through 12th-graders, approximately 8,000 students in 6th through 12th grade in the youth interview, and nearly 7,000 adults.

Three surveys were fielded as part of the 2001 NHES. The Early Childhood Program Participation survey was similar in content to the 1995 collection and collected data about the education of 7,000 prekindergarten children ranging in age from birth to age 6. The Before and After-School Programs and Activities Survey collected data about nonparental care arrangements and educational and noneducational activities in which children participate before and after school. Data were collected for approximately 10,000 kindergartners through 8th-graders. The third survey fielded in 2001 was the Adult Education and Lifelong Learning survey, which gathered data about the formal and informal educational activities of 11,000 adults.

The 2005 NHES included surveys that covered early childhood program participation and after-school programs and activities. Data were collected from parents of about 7,200 children for the Early Childhood Program Participation Survey and from parents of nearly 11,700 children for the After-School Programs and Activities Survey. These surveys were substantially similar to the surveys conducted in 2001, with the exceptions that the Early Childhood Program Participation Survey and After-School Programs and Activities Survey did not collect information about before-school care for school-age children.

The 2007 NHES fielded the Parent and Family Involvement in Education Survey. This survey was similar in design and content to the 2003 collection. New features added to the Parent and Family Involvement Survey were questions about supplemental education services provided by schools and school districts (including use of and satisfaction with such services), as well as questions to efficiently identify the school attended by the sampled students. For the Parent and Family Involvement Survey, interviews were completed with parents of 10,681 sampled children in kindergarten through 12th grade, including 10,370 students enrolled in public or private schools and 311 homeschooled children.

Information about the NHES is available online at http://nces.ed.gov/nhes.

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National Immunization Survey

The National Immunization Survey (NIS) is a continuing nationwide telephone sample survey of families with children ages 19 to 35 months. Estimates of vaccine specific coverage are available for the Nation, states, and selected urban areas.

The NIS uses a two-stage sample design that includes household data collection and provider record check. First, a random-digit-dialing sample of telephone numbers is drawn. When households with children ages 19 to 35 months 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 accurately. In 2011, the NIS sampling frame was expanded from sampling only landline phones to sampling landline and cell phones, creating a dual frame sample. Final estimates are adjusted for non-coverage of households without telephones.

The 2009 estimates were affected by the Hib vaccine shortage and the interim Advisory Committee on Immunization Practices (ACIP) recommendation to suspend the booster dose for healthy children from December 2007 to June 2009, a time when most children in the 2009 National Immunization Survey would have been eligible for the booster dose of the Hib vaccine.

The National Immunization Survey-Teen (NIS-Teen) was established to provide an ongoing, consistent data set for analyzing vaccination levels among adolescents in the United States and disseminating this information to interested public health partners. The NIS-Teen provides national and state estimates of vaccination coverage, including new vaccines as they are licensed and recommended for use.

Similar to the NIS, the NIS-Teen uses random-digit dialing to find households with adolescents ages 13 to 17. The households are asked about vaccines that they recall the adolescent receiving. Providers are then contacted by mail to verify each of the adolescent's vaccinations. These responses are combined with household data to render estimates of adolescent vaccination coverage.

Information about the NIS is available online at http://www.cdc.gov/vaccines/stats-surv/nis/default.htm#nis.

Information about the NIS-Teen is available online at http://www.cdc.gov/vaccines/stats-surv/nis/default.htm#nisteen.

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National Linked Files 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. Beginning with the 1995 data, this file is produced in two formats. The file is released first as a period data file and later as a cohort file. In the birth cohort format, it includes linked vital records for infants born in a given year who died in that calendar year or the next year, before their first birthday. In the period format, the numerator consists of all infant deaths occurring in one year, with deaths linked to the corresponding birth certificates from that year or the previous year. The linked file 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 prevents discrepancies in the reporting of race between the birth and infant death certificates. National linked files are available starting with the birth cohort of 1983. No linked file was produced for the 1992 through 1994 data years. Match completeness for each of the birth cohort files is 98–99 percent.

For more information, see:

Prager, K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital and Health Statistics, 20*(24). Hyattsville, MD: National Center for Health Statistics.

Mathews, T.J., and MacDorman, M.F. (2013). Infant mortality statistics from the 2009 period linked birth/infant death data set. *National Vital Statistics Reports 61*(8). Hyattsville, MD: National Center for Health Statistics.

Information about the National Linked File of Live Births and Infant Deaths is available online at http://www.cdc.gov/nchs/linked.htm.

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National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) is sponsored by the Center for Behavioral Health Statistics and Quality (CBHSQ) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The CBHSQ (formerly the Office of Applied Studies [OAS]) is the data collection agency.

NSDUH has been conducted since 1971 and serves as the primary source of information on the prevalence and incidence of illicit drug, alcohol, and tobacco use in the civilian, noninstitutionalized population ages 12 and over in the United States. Information about substance abuse and dependence, mental health problems, and receipt of substance abuse and mental health treatment is also included.

The survey covers residents of households (living in houses/townhouses, apartments, and condominiums, etc.), persons in noninstitutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, and halfway houses), and civilians living on military bases. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters.

NSDUH data are representative not only nationally but also in each state. The survey design includes an independent, multistage area probability sample for each state and the District of Columbia to accommodate state estimates of substance use and mental health. The survey design also oversamples youths and young adults. The unit analysis is at the person level. The mode of data collection is through in-person interviews with sampled persons. Computer-assisted interviewing (CAI) methods, including audio computer-assisted self-interviewing (ACASI), are used to provide a private and confidential setting to complete the interview. Over 67,000 interviews are conducted each year using these methods.

Public-use data files for 1979, 1982, 1985, 1988, and annually from 1990 to the present are currently available through the Substance Abuse and Mental Health Data Archive (SAMHDA) and the archive's online data analysis system (http://www.icpsr.umich.edu/SAMHDA/).

Information about NSDUH is available online at http://www.samhsa.gov/data/NSDUH.aspx.

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National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births and deaths 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 birthweight, while funeral directors and family members provide demographic information on death certificates. Medical certification of cause of death is provided by a physician, medical examiner, or coroner.

Birth and fertility rates for 2001–2009 shown in this report have been revised using (intercensal) population estimates based on the 2000 and 2010 censuses, to provide more accurate rates for the period (see Supplemental Tables S–1 through S–3 in http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_02.pdf). The revised rates may differ from the original rates published in previous editions of this report, which were based on 2000 (postcensal) population estimates. Differences in the rates may vary by age, race, and Hispanic origin population groups. The overall effect of the revised rates is that the range in rates among population subgroups is somewhat smaller than indicated by the previously published rates.

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 have become more complete over time. In 1997, Hispanic origin was reported on death certificates in all 50 states and the District of Columbia.

Population denominators. The natality and mortality rates shown in this report for 1991–2001 have been revised, based on populations consistent with the census conducted on April 1, 2000. Prior to *America's Children, 2003,* rates were based on populations projected from the 1990 Census. The population estimates for 2000–2011 can be found online at http://www.cdc.gov/nchs/nvss/bridged_race.htm. It was necessary to create population estimates for 2000–2011 that were consistent with the race categories used in the 1990 Census.

The revised intercensal population estimates for 5-year age groups for 1991–1999 can also be found online at http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Detailed information on the methodologies used to develop the revised populations, including the populations for birth rates for teenagers and birth rates for unmarried teenagers, is presented in several publications.

For more information about these methodologies, see:

Ventura, S.J., Hamilton, B.E., Sutton, P.D. (2003). Revised birth and fertility rates for the United States, 2000 and 2001. *National Vital Statistics Reports, 51*(4). Hyattsville, MD: National Center for Health Statistics.

Hamilton, B.E., Sutton, P.D., and Ventura, S.J. (2003). Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. *National Vital Statistics Reports, 51*(12). Hyattsville, MD: National Center for Health Statistics.

National Center for Health Statistics. (2002). Unpublished estimates of the April 1, 2000, United States population by age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available online at http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Ingram, D.D., Weed, J.A., Parker, J.D., Hamilton, B.E., Schenker, N., Arias, E., and Madans, J. (2003). U.S. Census 2000 population with bridged race categories. National Center for Health Statistics. *Vital Health Statistics, 2*(135).

Anderson, R.N., and Arias, E. (2003). The effect of revised populations on mortality statistics for the United States, 2000. *National Vital Statistics Reports, 51*(9). Hyattsville, MD: National Center for Health Statistics.

Preliminary data. NCHS continuously receives statistical records from the states' vital registration systems, providing 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 percentage not stated is generally 1 percent or less.

For more information on national natality and mortality data, see:

National Center for Health Statistics. (2001). Technical appendix. *Vital Statistics of the United States, 1999,* natality. Hyattsville, Maryland: National Center for Health Statistics. Available online at http://www.cdc.gov/nchs/data/techap99.pdf.

National Center for Health Statistics. (2010). Detailed technical notes. United States, 2008, natality. Hyattsville, Maryland: National Center for Health Statistics. Available online at ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/natality/UserGuide2008.pdf.

National Center for Health Statistics (2012). User Guide to the 2010 Natality Public Use File. Hyattsville, Maryland: National Center for Health Statistics. Available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/natality/UserGuide2010.pdf.

National Center for Health Statistics. (2004). Technical appendix. *Vital Statistics of the United States, 1999,* vol. II, mortality, part A. Hyattsville, Maryland: National Center for Health Statistics. Available online at http://www.cdc.gov/nchs/data/statab/techap99.pdf.

Information about the National Vital Statistics System is available online at http://www.cdc.gov/nchs/nvss.htm.

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Safe Drinking Water Information System

The Safe Drinking Water Information System (SDWIS) is the national regulatory compliance database for the drinking water program of the U.S. Environmental Protection Agency (EPA). SDWIS includes information on the nation's 160,000 public water systems and data submitted by states and EPA

regions in conformance with reporting requirements established by statute, regulation, and guidance.

EPA sets national standards for drinking water. These requirements take three forms: maximum contaminant levels (MCLs, the maximum allowable level of a specific contaminant in drinking water), treatment techniques (specific methods that facilities must follow to remove certain contaminants), and monitoring and reporting requirements (schedules that utilities must follow to report testing results). States report any violations of these three types of standards to the EPA.

Water systems must monitor for contaminant levels on fixed schedules and report to the EPA when a maximum contaminant level has been exceeded. States must also report when systems fail to meet specified treatment techniques. More information about the maximum contaminant levels can be found online at http://water.epa.gov/drink/contaminants/index.cfm.

EPA sets minimum monitoring schedules that drinking water systems must follow. These minimum monitoring schedules (states may require systems to monitor more frequently) vary by the type and size of the drinking water system, by the source water (surface water or ground water), and by contaminant. For example, at a minimum, all drinking water systems regularly monitor nitrate, community water systems that serve surface water monitor daily for turbidity, and ground water systems may monitor inorganic contaminants every 9 years.

SDWIS includes data on the total population served by each public water system and the state in which the public water system is located. However, SDWIS does not include the number of children served. The fractions of the population served by noncompliant public water systems in each state were estimated using the total population served by violating community water systems divided by the total population served by all community water systems. The numbers of children served by violating public water systems in each state were estimated by multiplying the fraction of the population served by violating public water systems by the number of children (ages 0–17) in the state.

Information about SDWIS is available online at http://water.epa.gov/scitech/datait/databases/drink/sdwisfed/index.cfm.

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Survey of Income and Program Participation

Core survey and topical modules. Implemented by the U.S. Census Bureau in 1984, the Survey of Income and Program Participation (SIPP) is a continuous series of national longitudinal panels, with a sample size ranging from approximately 14,000 to 36,700 interviewed households. The duration of each panel ranges from 2 years to 4 years, with household interviews every four months.

The SIPP collects detailed information on income, labor force participation, participation in government assistance programs, and general demographic characteristics in order to measure the effectiveness of existing government programs, estimate future costs and coverage of government programs, and provide statistics on the distribution of income in America. In addition, topical modules provide detailed information on a variety of subjects, including health insurance, child care, adult and child well-being, marital and fertility history, and education and training. The U.S. Census Bureau releases cross-sectional, topical modules and longitudinal reports and data files. In 1996, the SIPP questionnaire was redesigned to include a new 4-year panel sample design and the computer-assisted personal interviewing (CAPI) method. The 2004 panel was a 3-year panel sample, and a new 2008 panel is currently in the field and is anticipated to cover a 3-year period.

Information about the SIPP is available online at http://www.census.gov/sipp.

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ask.census.gov
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Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. The YRBSS includes national, state, and local school-based surveys of representative samples of 9th- through 12th-grade students. These surveys are conducted every 2 years, usually during the spring semester. The national survey, conducted by the Centers for Disease Control and Prevention (CDC), provides data representative of high school students in public and private schools in the United States. The state and local surveys, conducted by departments of health and education, typically provide data representative of public high school students in each state or local school district.

The sampling frame for the 2011 national Youth Risk Behavior Survey (YRBS) consisted of all public and

private schools with students in at least one of grades 9–12 in the 50 states and the District of Columbia. A three-stage cluster sample design produced a nationally representative sample of students in grades 9–12 who attend public and private schools. All students in selected classes were eligible to participate. Schools, classes, and students that refused to participate were not replaced. For the 2011 national YRBS, 15,425 questionnaires were completed in 158 schools. The school response rate was 81 percent, and the student response rate was 87 percent. The school response rate multiplied by the student response rate produced an overall response rate of 71 percent.

Survey procedures for the national, state, and local surveys were designed to protect students' privacy by allowing for anonymous and voluntary participation. Before survey administration, local parental permission procedures were followed. Students completed the self-administered questionnaire during one class period and recorded their responses directly on a computer-scannable booklet or answer sheet.

Information about the YRBS and the YRBSS is available online at http://www.cdc.gov/HealthyYouth/yrbs.

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